



NOTIFICATION OF CHANGE OF BANK/ CREDIT CARD DETAILS

By your side

Please complete the applicable part and return this form to:

Mail: Membership, United Services Union, PO Box A1154, Sydney South NSW 1235

Fax: 9261 3378

Email: membership@usu.org.au

Name:	
Membership Number:	

Part 1: Bank Account (Direct Debit)	
From	
Account Name:	
Name of Financial Institution:	
Branch:	
BSB Number:	
Account Number	
To	
Account Name:	
Name of Financial Institution:	
Branch:	
BSB Number:	
Account Number	

Signature _____ Date _____

Part 2: Credit Card	
From	
Credit Card Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
CVC	<input type="text"/> <input type="text"/> <input type="text"/>
Expiry Date	____/____

To	
Credit Card Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Expiry Date	____/____ <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard
Card Holder:	_____
Signature	_____ Date _____

Office Use Only			
Membership Officer:	_____	Date Received:	_____
Date Processed:	_____	Code:	_____