



I wish to pay my fees via Direct Debit!

I, Surname: _____ Given Name/s: _____

wish to pay my USU subscription: Weekly Fortnightly Monthly Quarterly on a:
 Monday Tuesday Wednesday Thursday Friday effective From: / /

DETAILS OF ACCOUNT TO BE DEBITED

I/we _____ authorise, until further notice, the UNITED SERVICES UNION (User ID: 062819), to debit my/our account described in the schedule below, any amount which the USU may debit or charge me/us through the Direct Debit system.

Name of Financial Institution/Branch: _____

Account Name: _____ (If joint account two signatures are required below)

BSB No: _____ Account No: _____

I authorise my employer to release my financial institution details, including any changes from time to time, to the USU so that direct debit of Union subscriptions can be commenced from my account. I recognise that my employer has no financial accountability in this transaction and that if I have provided details of more than one account to my employer, the USU will contact me to determine which account I wish to use for paying USU subscriptions. This authority will not lapse in its binding effect by the passage of time and will only be revoked by a further written authority.

OR CREDIT CARD DETAILS

Card Number: _____ Expiry date: _____ / _____ Mastercard Visa

OR BPAY/STATEMENT OPTION

I will pay my subscription via BPAY/Statement. I understand that I will be invoiced quarterly.

To the payroll officer, I the undersigned, hereby request you to cease deducting USU subscriptions from my pay.

MEMBER DETAILS USU MEMBERSHIP NO: _____

NAME: Title: _____ Surname: _____ Given Name/s: _____

DOB: / / EMAIL: _____ Home: _____

PHONE: _____ MOBILE: _____

HOME ADDRESS: _____ POSTCODE: _____

EMPLOYER: _____ OCCUPATION: _____

I/We authorise the following:

- 1. The USU to verify the details of the above named account with my/our Financial institution
- 2. The Financial institution to release information allowing the USU to verify the above account details.

I agree at all times to have sufficient funds or credit to ensure the electronic transfers occur irrespective of the method of payment. Failure to pay could affect whether I am a financial member in accordance with the rules of the union.

Signature/s:  Date / /

Do NOT submit this form to your Pay Office - Return this form by fax to (02) 9261 3378, email to membership@usu.org.au or mail to: USU, PO Box A1154 Sydney South 1235