

WE'VE GOT
YOUR
BACK



JOIN THE CPSU



 **COMMUNITY & PUBLIC SECTOR UNION**

COMMUNITY & PUBLIC SECTOR UNION

CPSU MEMBERSHIP APPLICATION

DIRECT DEBIT REQUEST - PREFERRED PAYMENT OPTION:

cut here

I, the undersigned, hereby apply to join the Community & Public Sector Union (State Public Services Federation Group Tasmanian Branch) (State Public Services Federation Tasmania) Inc and agree to comply with the union's rules and bylaws.

Title _____ Surname _____ D.O.B. ___ / ___ / ___

Given names _____

Home postal address _____

Postcode _____

Email _____

WORK phone _____ mobile _____

Employer _____

Workplace St address _____

Postcode _____

Employment status PERMANENT FIXED TERM CASUAL
(tick box)

Full Time Part Time Hours: _____

I undertake to give 14 days notice of resignation in writing to the Secretary

Signature _____

Date ___ / ___ / ___

CURRENT MEMBERSHIP RATES CAN BE FOUND AT WWW.CPSU.COM.AU

PERMISSION TO OBTAIN EMPLOYMENT DETAILS FROM EMPLOYER
(for info only - please complete next page payment section)

Name _____ Payroll Number _____

I hereby authorise and request the Pay Officer to advise the CPSU (SPSFT) Inc of the following employment information when requested: Department, work section, classification, award, salary, date of resignation/retirement from employment, dates for periods of leave. This authority is to remain in force until revoked by me.

Signature _____

Date ___ / ___ / ___

RTT

To the Manager, I/we _____

Given names

Surname

Request that you, until further notice in writing, debit my/our account described in The Schedule below with the membership dues which the Community & Public Sector Union (SPSFT) Inc (User ID #064380) may debit or charge me/us (as determined by Branch Council in accordance with CPSU Rules) through the Direct Debit System. I/We have read and understood the "Service Agreement" below and acknowledge and agree to it. I/We request this arrangement to remain in force in accordance with The Schedule described below and in accordance with the "Service Agreement" described below.

The Schedule: Yes, make me a CPSU (SPSFT) Inc, SPSF Tas Branch financial member, please debit my bank/financial institution account. I understand debiting will occur from the account nominated below.

Signature(s) _____

Name of bank or financial Institution _____

Name under which Account is Held _____

Branch Name and Address _____

BSB Number: ___ / ___ / ___ Account Number _____

Signature(s) _____ Date ___ / ___ / ___

THE SERVICE AGREEMENT:

1. CPSU (SPSFT) Inc (the "Debit User") will debit the BSB / Account nominated in The Schedule of this Direct Debit Request as specified.
2. The Debit User will give not less than 14 days written notice to the customer should it propose to vary the arrangements of this Direct Debit Request.
3. The customer(s) may request the Debit User to defer or alter the payment amount specified in the Schedule of this Direct Debit Request. Customer(s) may change the frequency of payment, or the payment amount in accordance with the CPSU (SPSFT) Inc rules. Customer(s) wishing to vary the drawing account details specified in The Schedule of this Direct Debit Request must provide signed authority for such changes to be effected.
4. In compliance with the Industry's Direct Debit Claims Process, the Debit User will assist customer(s) disputing any payment amount drawn on the nominated BSB / Account in the Schedule of this Direct Debit Request. The Debit User will endeavour to resolve this matter within the Industry agreed timeframes. Customers may also contact their bank to initiate the claim process.
5. The Debit User advises that some Financial Institution accounts do not facilitate direct debits and as such the customer(s) must check with their Financial Institution (Ledger FI) to ensure the account nominated in The Schedule of this Direct Debit Request enables direct debiting.
6. It is the customer(s) responsibility to ensure at all times there is sufficient funds available, at the due date of the deb drawing, to enable payment from the BSB / Account as nominated in The Schedule of the Direct Debit Request.
7. The Debit User advises the debit drawing will be made in accordance with CPSU (SPSFT) Inc rules to maintain the member's financial status.
8. Customer(s) who wish to cancel this Direct Debit Request must notify the Debit User in writing not less than 7 days before the next scheduled debit drawing. Customers may also contact their bank to make the cancellation arrangements.
9. The Debit User requests the customer(s) to direct all inquiries, disputes, requests for payment changes or cancellation directly to the Debit User.
10. The Debit User agrees to keep confidential all customer(s) records and account details contained in The Schedule of this Direct Debit Request unless authorised to release such information pursuant to a debit item dispute or similar event where the customer(s) has provided prior consent to do so.

PAYMENT OPTION 2: INVOICE. Tick a box to be sent invoices which can be paid by
Cash, Credit Card, Cheque or BPAY YEARLY 6 MONTHLY 3 MONTHLY