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Member's Authority

NAME OF MEMBER:

I,

HOME ADDRESS:

of

authorise **Australian Services Union NSW & ACT** 063-003 to arrange for the annual fee of \$26.00 to be debited from my/our account at the financial institution identified below, and as prescribed below through the Bulk Electronic Clearing System (BECS)

SIGNATURE

DATE

Direct Debit

NAME OF FINANCIAL INSTITUTION

BRANCH

ACCOUNT NAME

ACCOUNT NUMBER

BSB

Credit Card

NAME ON CARD

EXPIRY

CREDIT CARD NUMBER

VISA

MASTERCARD

I/We authorise the following: 1. The debit user to verify the details of the above mentioned account with my/our financial institutions. 2. The financial institution to release information allowing the debit user to verify the above mentioned account details. I/We understand and acknowledge that: 1. The debit user may, in its absolute discretion, determine the order of priority of payments if any of any monies pursuant to this request or any authority mandate. 2. The debit user may, in its absolute discretion, at any time by notice in writing to me/us terminate this request as to future debits. 3. The debit user may by prior arrangement and advice to me/us, vary the amount or frequency of future debits.

SIGNATURE

DATE