

CHANGE OF DETAILS FORM



**UNITED
FIRE
FIGHTERS
UNION**
QUEENSLAND

PERSONAL DETAILS

TITLE:		SURNAME:	
FIRST NAME/S:		KNOWN NAME:	
HOME ADDRESS:			
STATE:		POSTCODE:	
POSTAL ADDRESS:		HOME PHONE:	
MOBILE PHONE:		DATE OF BIRTH:	
PRIVATE EMAIL:			

WORK DETAILS

EMPLOYER:		ABN OF EMPLOYER: <small>(Not applicable for QFES employees)</small>	
EMPLOYEE NO:		REGION:	
STATION / SITE:		RANK:	
EMPLOYEE TYPE: <small>(Full Time / Casual CC / Part Time / Auxiliary)</small>			
SIGNATURE:		DATE:	

By typing your full name you acknowledge that you have signed this form.

FOR OFFICE USE ONLY

ADMISSION DATE:		MEMBER NO:	
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Authorised by John Oliver State Secretary United Firefighters' Union of Australia, Union of Employees, Queensland

UNITED FIREFIGHTERS UNION OF AUSTRALIA UNION OF EMPLOYEES QUEENSLAND

Ground Floor, 286 Montague Rd. West End Qld 4101 www.ufuq.com.au ufu@ufuq.com.au ABN 97 709 271 604

PHONE 07 3844 0366 FAX 07 3844 0367

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DIRECT DEBIT DETAILS							
FORTNIGHTLY		MONTHLY			QUARTERLY		
Thursday		2 nd Thursday			2 nd Thursday Jan, Apr, Jul, Oct		
Full time	Casual & Part Time Comm Centre	Full time	Casual & Part Time Comm Centre	Auxiliary	Full time	Casual & Part Time Comm Centre	Auxiliary
\$35.00	\$26.00	\$78.75	\$58.50	\$17.50	\$236.25	\$175.50	\$52.50
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HALF YEARLY			ANNUALLY		
2 nd Thursday Jan, July			2 nd Thursday July		
Full time	Casual & Part Time Comm Centre	Auxiliary	Full time	Casual & Part Time Comm Centre	Auxiliary
\$472.50	\$351.00	\$105.00	\$945.00	\$702.00	\$210.00
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PAYMENT

Request and Authority to Debit/Charge the Account named below to pay UFUQ subscriptions and/or levies
I authorise and request that the amount payable for subscriptions and /or levies (as varied from time to time) which the responsible officer of the UFUQ certifies as the amount due pursuant to the relevant rules be paid from my account by either direct debit or credit card as indicated by me through the 'Bulk Electronic Clearing system (BECS)'.

DIRECT DEBIT BANK

I authorise and request the UFUQ (ID 404605) to debit my account through 'Bulk Electronic Clearing System (BECS)'. The terms and conditions of the Direct Debit Request Service Agreement shall apply.

Financial Institution Name:			
Account Name:			
BSB:		Account No.	

By signing/typing your full name on this Direct Debit Request you acknowledge having read and understand the Direct Debit/Credit Card Fee Request Service Agreement which is available on our website at www.ufuq.com.au.

Signature:		Date:	
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By typing your full name you acknowledge that you have signed this form.

DIRECT DEBIT CREDIT CARD

I hereby authorise and request the UFUQ to charge my credit card account This authority shall stand until I notify the UFUQ otherwise in writing.

Name on Card:		<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa
Card No: <i>Automatic Debit</i>		Expiry Date:
Signature:		Date:

By typing your full name you acknowledge that you have signed this form.

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