



Current member change of direct debit details

My Details

TITLE (PLEASE CIRCLE) MR, MRS, MISS, MS _____	
SURNAME _____	
FIRST NAME/S _____	KNOWN NAME _____
HOME ADDRESS _____	
STATE _____	POSTCODE _____
POSTAL ADDRESS _____	HOME PHONE _____
MOBILE PHONE _____	DATE OF BIRTH _____
PRIVATE EMAIL _____	

My Work Details

EMPLOYER. _____	ABN OF EMPLOYER _____ (Not applicable for QFES employees)
EMPLOYEE NO. _____	REGION _____
STATION/SITE _____	RANK _____
EMPLOYEE TYPE _____ (Full Time / Casual CC / Part Time CC / Auxiliary)	
SIGNATURE _____ By typing your full name you acknowledge that you have signed this form.	DATE _____
<i><u>FOR OFFICE USE ONLY</u></i>	
ADMISSION DATE _____	MEMBER NO. _____



Membership Fees 2020 / 2021

Fortnightly		Monthly			Quarterly		
Full time	Casual & Part Time Comm Centre	Full time	Casual & Part Time Comm Centre	Auxiliary	Full time	Casual & Part Time Comm Centre	Auxiliary
\$34.00	\$25.00	\$73.65	\$54.15	\$17.00	\$221.00	\$162.50	\$51.00

Half Yearly			Annually		
Full Time	Casual Comm Centre & Part Time	Auxiliary	Full time	Casual Comm Centre & Part Time	Auxiliary
\$442.00	\$325.00	\$102.00	\$884.00	\$650.00	\$204.00

Please choose your payment cycle

- Fortnightly (Thursday)
 Monthly (2nd Thursday)
 Quarterly (2nd Thursday Jan, Apr, Jul, Oct)
- Half Yearly (2nd Thursday Jan, July)
 Yearly (2nd Thursday July)

PAYMENT

Request and Authority to Debit/Charge the Account named below to pay UFUQ subscriptions and/or levies

I authorize 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 authorize 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 name for the 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:

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.

Mastercard Visa

Name on Card

Card No/Exp Date

Automatic Debit

SIGNATURE

Date:

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