



UNITED FIREFIGHTERS UNION OF AUSTRALIA
UNION OF EMPLOYEES QUEENSLAND

UNITED FIREFIGHTERS UNION QLD

I WANT TO PAY DIRECT

Direct Debit / Credit Card Request

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

EMPLOYEE NO. _____	MEMBER NO. _____
REGION _____	STATION _____
RANK _____	EMPLOY TYPE _____
time/Casual CC/Auxiliary) (Full	

UNITED FIREFIGHTERS UNION QLD

Ground Floor, 286 Montague Road, West End QLD 4101 Telephone: (07) 3844 0366 Facsimile: (07) 3844 0367
EMAIL: ufu@ufuq.com.au WEB: www.ufuq.com.au ABN: 97 709 271 604 QLD ABN: 33 881 039 981 QLD Branch

Authorised by State/Branch Secretary, United Firefighters' Union of Australia, Union of Employees Queensland & United Firefighters Union of Australia QLD Branch



Membership Fees 2015 / 2016

Fortnightly		Monthly			Quarterly		
Full time	Casual Comm Centre	Full time	Casual Comm Centre	Auxiliary	Full time	Casual Comm Centre	Auxiliary
\$29.00	\$20.00	\$62.85	\$43.35	\$14.50	\$188.50	\$130.00	\$43.50

Half Yearly			Annually		
Full Time	Casual Comm Centre	Auxiliary	Full time	Casual Comm Centre	Auxiliary
\$377.00	\$260.00	\$87.00	\$754.00	\$520.00	\$174.00

PAYMENT

Request and Authority to Debit/Charge the Account named below to pay UFU/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 UFU/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

I authorise and request the UFU/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.

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

Financial Institution Name

Account Name

BSB

Account No.

By

signing 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:

CREDIT CARD

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

Mastercard Visa

Name on Card

Card No/Exp Date

Automatic Debit

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- Fortnightly (Thursday) Monthly (2nd Thursday) Quarterly (2nd Thursday Jan, Apr, Jul, Oct)
- Half Yearly (2nd Thursday Jan, Jul) Yearly (2nd Thursday Jul) This payment will occur on a regular basis as indicated.

SIGNATURE

Date: