



UNITED FIREFIGHTERS UNION OF AUSTRALIA

UNION OF EMPLOYEES - QUEENSLAND



I WANT TO PAY DIRECT

Direct Debit / Credit Card Request

My Details

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

My Work Details

EMPLOYER.	_____	ABN OF EMPLOYER	_____
EMPLOYEE NO.	_____	(Not applicable for QFES employees)	
STATION/SITE	_____	REGION	_____
EMPLOYEE TYPE	_____	RANK	_____
(Full Time / Casual CC / Part Time / Auxiliary)			
SIGNATURE	_____	DATE	_____
<u>FOR OFFICE USE ONLY</u>			
ADMISSION DATE	_____	MEMBER NO.	_____



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Membership Fees 2016 / 2017

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
\$30.00	\$21.00	\$65.00	\$45.50	\$15.00	\$195.00	\$136.50	\$45.00

Half Yearly			Annually		
Full Time	Casual Comm Centre & Part Time	Auxiliary	Full time	Casual Comm Centre & Part Time	Auxiliary
\$390.00	\$273.00	\$90.00	\$780.00	\$546.00	\$180.00

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 BANK

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:

☐ DIRECT DEBIT 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

☐ Fortnightly (Thursday) ☐ Monthly (2nd Thursday) ☐ Quarterly (2nd Thursday Jan, Apr, Jul, Oct)

☐ Half Yearly (2nd Thursday Jan, Jul) ☐ Yearly (2nd Thursday Jul)

SIGNATURE

Date:

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/Queensland Branch