

## **CURRENT MEMBERS ONLY**



Authorisation to change how you pay your PSA/CPSU NSW subscription

MEMBER IN	FORMATION								
NAME: Title:	Surname: Give			ames:	DOB	/ /	/	Office use only:	
HOME ADDRESS	:				Postcode:			se only:	
POSTAL ADDRES	SS:				Postcode:				
EMPLOYER:				MEMBERSHIP No. (if known)					
WORKSITE ADDR	RESS:				Post	code:			
PHONE: Work:		Home:		Mobile:					
EMAIL: Work:				Home:					
I agree that a copy of this form (whether as a scanned image, photocopy, facsimile or otherwise) may be used or dealt with as if it were the original.									
CANCELLATION OF PAYROLL DEDUCTION - Essential information the PSA/CPSU NSW will lodge with your employer									
To the Pay Office Dept / Agency:  Please cease all Public Service Association of NSW deductions from my salary from the pay period advised by the Public Service Association of NSW.									
Name:				Pay/employee number:					
MEMBER'S SIGN	ATURE				Date	e: /	/		
Please Note: When the change over occurs, the first debit will include a "catch up" amount from when your deductions have ceased. It will then resume at the standard rate thereafter.									
Option A -	Direct Debit Red	quest		Option B - Credit Card A	uto Payme	nt			
Complete this form to arrange deductions from your bank/credit union. More info call 1300 772 679. Please note that Direct Debit is not available on a full range of accounts. If in doubt, contact your financial institution.			Standing authority for recurrent periodic payment by credit card  Card type:   Visa   Mastercard						
Name on Account:				Name on Credit Card:					
Financial Institution:				Card Number:			Expir	y Date:	
Branch Address:						<u> </u>		/	
BSB No: Account No:				Description of Goods: PSA Union Dues (processed on the 7th each month).  I hereby authorise the PSA of NSW to debit my card account with the amount and at the intervals specified in the Salary and Fees Table detailed on this form, and in the event of any change in the charges for these subscriptions, to alter the amount from the					
Frequency of Debit: Fortnightly 4 weekly  hereby request the deduction from my account of my subscription to the Public  appropriate date in accordance with such change. This authority will stand, in respect of the above specified card and in respect of any card issued to me in renewal or replacement thereof, until I notify the PSA in writing of its cancellation.								pect	
Service Association of I authorise the following	ervice Association of NSW (here after PSA) (User ID 040 172) authorise the following:			Cardholder's signature:	Date	e: /	/		
institution if required.		ntioned account with my financial							
The financial institution abovementioned according to the control of the control	n may release informatior	RETURN THIS FORM							

See address overleaf.

My employer may release my bank account details to the PSA for the purpose of enabling me to establish a direct debit facility for the payment of my subscription.

I have read the Automatic Payment Service Agreement overleaf and agree with its

Date:

terms and conditions.

Account Holder's signature:

# Authorisation to change how you pay

your PSA/CPSU NSW subscription





# STRONGER TOGETHER

#### **AUTOMATIC PAYMENT SERVICE AGREEMENT**

We, the Public Service Association of NSW, make the following commitment to you:

The PSA will debit/charge your membership fees as they fall due. However, if this day falls on a non-business day, they will be debited/charged on the next business day.

The PSA will only use this authority to debit/charge regular fees. If you miss a payment, it will be picked up in the following period, i.e. two instalments will be taken out.

Resignation from the PSA must be notified according to the section "Manner of Resignation from the PSA & CPSU NSW" at www.psa.asn.au/join.

Should you resign your membership, the PSA undertakes to cease debiting your account on termination of the written notice period.

The PSA will notify any changes to your union fees in "Red Tape"

The PSA will act in accordance with our Privacy Statement, while noting that your financial institution may require such information to be provided in connection with a claim made on it relating to an alleged incorrect or wrongful debit.

The PSA will investigate and deal promptly with any queries, claims or complaints regarding debits/charges and provide a response within 21 days of receipt.

#### Your commitment to the PSA of NSW:

You will ensure that the account details provided to the PSA are identical to the account details held by your bank or financial institution.

You will ensure that you have sufficient funds or credit available in the nominated account on the due date for payment of your fees.

You will let us know in writing within 14 days if the nominated account is altered, transferred or closed.

You will be responsible to ensure that the amounts debited/charged to your nominated account for your PSA fees are correct.

If the charging arrangements are stopped by you or your nominated bank or financial institution, you will arrange a suitable alternative payment method with the PSA.

Resignation from the PSA/CPSU NSW will be notified by you as per the conditions.

Resignation from the PSA/CPSU NSW will be notified by you as per the conditions in the section "Manner of Resignation from the PSA & CPSU NSW" at www.psa.asn.au/join.

Repayments will not be made for late notifications.

#### GROSS ANNUAL SALARY FEES (incl GST) from July 2017

Please tick:	Weekly	(Fees based on yearly figures)			
■ More than \$57,961	\$14.50				
<b>\$40,805 - \$57,961</b>	\$11.15				
<b>1</b> \$10,201 - \$40,804	\$ 6.95	Payment can be: Fortnightly or 4 weekly via Direct Debit			
Less than \$10,201	\$ 3.55	<b>or</b> Monthly via Credit Card			

Fees can also be paid quarterly or yearly by Cheque/Credit Card/Cash.

Payment must accompany form and then an invoice will be sent when account is due.

Members proceeding on Leave Without Pay in excess of three months need to advise the Association so as to maintain their financial membership of the Association and the Provident Fund at a special rate of \$35.00 p.a. However, members on Leave Without Pay for a lesser period than three months pay the usual rate. PSA fees are tax deductible.

#### MANNER OF RESIGNATION FROM THE PSA AND CPSU NSW

You may resign from membership when either:

- i) You cease to work in an area covered by the Association or
- ii) By giving fourteen (14) days notice in writing of your intention to resign to the General Secretary.

Resignation from the PSA will also be taken as resignation from the CPSU NSW (SPSF Group), subject to confirmation.

Resignation from the CPSU NSW (SPSF Group) can be by notice in writing of two weeks or more, such notice being delivered to the NSW Branch Secretary of the CPSU NSW (SPSF Group).

Please note that you are obliged to pay any dues owing to the PSA and CPSU NSW up to the date of effect of the resignation and that fees are not refundable on resignation of the PSA and CPSU NSW.

#### **PRIVACY STATEMENT**

Information collected in these applications is used for the purposes of the PSA and the CPSU NSW only. When we use third parties to carry out union functions (e.g. mail-houses, electoral offices, candidates to union office, union delegates, etc.) only necessary information is released, and subject to the condition that it not be used for any other purpose. Information requested for payment of membership fees is provided only to the relevant financial institution or employer.

Any member may at any time arrange to see and correct their membership record by contacting membership@psa.asn.au

### Return completed form to:

Membership Section
Public Service Association of NSW
GPO Box 3365
SYDNEY NSW 2001

or

Email: membership@psa.asn.au

Fax: 9262 1623

Further information: 1300 772 679