



# CHANGE HOW YOU PAY YOUR PSA CPSU NSW SUBSCRIPTION



**CURRENT MEMBERS ONLY**

## MEMBER INFORMATION

**Name in full:**

**Home address:**

**Member number (if known):**

**Postal address:**  
(if different from above)

**Date of birth:**

**Employer:**

**Work address:**

**Mobile number:**

<b>Home number:</b>	<b>Work number:</b>
<b>Home email :</b>	<b>Work email:</b>

## CANCELLATION OF PAYROLL DEDUCTION

**To the Pay office, Department/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 in full:**

**Pay/employee number:**

**MEMBER'S SIGNATURE:**

**DATE:**

*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.*

**PSA/CPSU NSW will lodge with your employer**

<b>Please tick one</b>	<b>Fees from July 2024</b>		
<input checked="" type="checkbox"/> Gross annual salary	Fortnightly	Monthly	
<input type="checkbox"/> Less than \$12,164	\$7.50	\$16.25	
<input type="checkbox"/> \$12,164 - \$48,658	\$14.55	\$31.55	
<input type="checkbox"/> \$48,659 - \$69,115	\$23.45	\$50.75	
<input type="checkbox"/> More than \$69,116	\$30.50	\$66.05	

## Option A - Direct Debit Request

Complete this form to arrange deductions from your bank/credit union. More info call 1800 772 679. Please note that Direct Debit is not available on a full range of accounts. If in doubt, contact your financial institution.

Name on account:

Financial institution:

Branch address:

BSB No: \_\_\_\_\_ Account no: \_\_\_\_\_

Frequency of Debit:  Fortnightly  4 Weekly

I hereby request the deduction from my account of my subscription to the Public Service Association of NSW (here after PSA) (User ID 648041)  
I authorise the following:  
The PSA may verify the details of the abovementioned account with my financial institution if required.  
The financial institution may release information allowing the PSA to verify the abovementioned account details.  
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 terms and conditions.

**ACCOUNT HOLDER'S SIGNATURE:**

**DATE:**

## Option B - Credit Card Auto Payment Monthly

Standing authority for recurrent periodic payment by credit card

Card type:  Mastercard  Visa

Name on credit card:

Card number

Expiry date:

**Description of Goods:**  
**PSA membership fees (Monthly fees are processed on the same day of the month as your join date)**  
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 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.

**CARD HOLDER'S SIGNATURE:**

**DATE:**

**TO RETURN THIS FORM SEE ADDRESS OVERLEAF**

## TERMS AND CONDITIONS:

### AUTOMATIC PAYMENT SERVICE AGREEMENT

**We, the PSA, make the following commitment to you:**  
The PSA will debit/charge your membership fees as they fall due.

The PSA will only use this authority to debit/charge regular fees. If you miss a payment using Direct Debit, it will be picked up in the following period i.e. two instalments will be taken out. If any Credit Card charges are rejected we will retry in 7 days then 14 days if not successful.

The PSA will notify any changes to your union fees in writing.

Resignation from the PSA must be notified according to the section *How to resign from the PSA CPSU NSW*. Should you resign your membership, the PSA undertakes to cease debiting your account upon the termination of the written notice period.

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.

PSA conducts its payments and secure in-person payment transactions through FatZebra (the "Payment Gateway") and may elect to use any other Payment Gateway from time to time in its absolute discretion. Payments made through the Payment Gateway are subject to the Payment Gateway's own terms and conditions and privacy policy in addition to these PSA Terms and Conditions. For more information about the current Payment Gateway, see the FatZebra website ([www.fatzebra.com](http://www.fatzebra.com)).

### Your commitment to the PSA:

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 in the section *How to resign from the PSA and CPSU NSW*. Refunds will not be made for late notifications.

### HOW TO RESIGN FROM THE PSA CPSU NSW

You may resign from membership when either you cease to work in an area covered by the Association or by giving 14 days' notice in writing of your intention to resign to the PSA General Secretary.

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

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

### PRIVACY STATEMENT

Information collected in these applications is used for the purposes of the PSA and the CPSU NSW only.

Any information collected is handled and used in accordance with the Australian Privacy Principles, the Privacy Act 1988 (Cth).

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](mailto:membership@psa.asn.au)



160 Clarence Street Sydney NSW 2000 GPO Box 3365 Sydney NSW 2001

1800 772 679

✉ [psa@psa.asn.au](mailto:psa@psa.asn.au)

✉ [cpsu.nsw@psa.asn.au](mailto:cpsu.nsw@psa.asn.au)

🌐 [www.psa.asn.au](http://www.psa.asn.au)

🌐 [www.cpsunsw.org.au](http://www.cpsunsw.org.au)

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