



CURRENT MEMBERS ONLY

Authorisation to change how you pay your PSA/CPSU subscription



MEMBER INFORMATION

NAME: Title: _____ Surname: _____ Given Names: _____	DOB / /
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HOME ADDRESS: _____	Postcode: _____
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POSTAL ADDRESS: _____	Postcode: _____
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EMPLOYER: _____	MEMBERSHIP No. (if known) _____
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WORKSITE ADDRESS: _____	Postcode: _____
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PHONE: Work: _____ Home: _____ Mobile: _____

EMAIL: Work: _____ Home: _____

Office use only:

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 will lodge with your employer

To the Pay Office

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: _____
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MEMBER'S SIGNATURE _____	Date: / /
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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 Request

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.

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 040 172)

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: / /
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Option B - Credit Card Auto Payment

Standing authority for recurrent periodic payment by credit card

Card type: Visa Mastercard

Name on Credit Card: _____

Card Number: _____ Expiry Date: _____ / _____

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 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.

Cardholder's signature: _____	Date: / /
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RETURN THIS FORM

See address overleaf.

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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 is a non-business day, they will be debited/charged on the next working 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 deducted.

Procedure for resignation from the PSA is in the section "Manner of Resignation from the PSA & CPSU" at www.psa.asn.au/join.

The PSA undertakes to cease debiting your account once a three month notice period has expired.

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

The PSA will keep all information provided by you secure and confidential.

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 on the payment authority form are identical to the 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 advise the Association in writing if the nominated account is altered, transferred or closed.

You will check with your bank or financial institution that the amounts debited/charged to your nominated account for your PSA fees are correct.

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

Repayments will not be made for late notifications.

GROSS ANNUAL SALARY	FEES (incl GST) from July 2015				
	Fortnightly (Direct Debit only)	4-weekly (Direct Debit only)	Monthly (Credit Card only)	Quarterly	Annual
Please tick:					
<input type="checkbox"/> More than \$55,169	\$27.65	\$55.30	\$59.90	\$179.65	\$718.60
<input type="checkbox"/> \$38,839 – \$55,169	\$21.25	\$42.50	\$46.05	\$138.10	\$552.50
<input type="checkbox"/> \$ 9,710 – \$38,838	\$13.20	\$26.40	\$28.60	\$85.90	\$343.55
<input type="checkbox"/> Less than \$9,710	\$6.80	\$13.60	\$14.80	\$44.35	\$177.40

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 \$33.20 p.a. However, members on Leave Without Pay for a lesser period than three months pay the usual rate. PSA fees are tax deductible.

RESIGNATION FROM THE PSA AND CPSU

You may resign from membership of the PSA when:

- You cease to work in an area covered by the PSA
- By giving notice in writing of three months or more that you resign from the PSA, such notice being delivered to the General Secretary of the PSA.

You are obliged to pay any dues owing to the PSA up to the date of effect of the resignation. Resignation from the PSA will, subject to confirmation, be taken as resignation from the CPSU.

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

PRIVACY STATEMENT

Information collected in these applications is used for the purposes of the PSA and the CPSU only. When we use third parties to carry out union functions, eg mail-houses, electoral offices, candidates to union office, union delegates, etc. only necessary information is released, and such information is released 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 the PSA at memberpayment@psa.asn.au

Return completed form to:
Membership Section
Public Service Association of NSW
GPO Box 3365
SYDNEY NSW 2001

or

Email: memberpayment@psa.asn.au
Fax: 9262 1623

Further information: 1300 772 679