

MEMBER INFORMATION

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

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: / /

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: / /

RETURN THIS FORM

See address overleaf.

**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 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 2018	
Please tick:	Weekly	(Fees based on yearly figures)
<input type="checkbox"/> More than \$59,411	\$14.90	Payment can be: Fortnightly or 4 weekly via Direct Debit or Monthly via Credit Card
<input type="checkbox"/> \$41,825 – \$59,411	\$11.45	
<input type="checkbox"/> \$10,456 – \$41,824	\$ 7.10	
<input type="checkbox"/> Less than \$10,456	\$ 3.65	
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 \$35.80 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