



# Membership Application Form

I wish to become a member of the Health Workers Union

HSU VICTORIA NO 1 BRANCH. Lvl 5, 222 Kingsway St South Melbourne 3205. info@hwu.org.au

Surname  Given Name(s)  Mr, Mrs, Ms, Miss

Date of Birth  Occupation/Classification

Name of workplace

**Employment status** (Please tick ) Full Time  Part Time  Casual  Hours worked per week

Home Address  Town/Suburb  Postcode

Email

Home Phone  Mobile

Work Phone  *NOTE: Your contact details will only be used for union correspondence and WILL NOT be disclosed to third parties*

### Please choose from one of the following two payment options:

#### Credit Card Payment/Payment Schedule

Fortnightly  Date of first payment

Please charge my Mastercard  Visacard  American Express  \$

Card Number  Expiry Date

#### Direct Debit Request Service Agreement

Fortnightly  Date of first payment

Surname

Given Name(s)  "you"

request and authorise **HSU VICTORIA NO 1 BRANCH 466179** to arrange, through its own financial institution, a debit to your nominated account any amount **HSU VICTORIA NO 1 BRANCH** has deemed payable by you.

This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

Financial institution name

Address

Name/s on account

BSB number (must be 6 digits)  -  Account number

By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing debit arrangements between you and **HSU VICTORIA NO 1 BRANCH** as set out in this Request and in your Direct Debit Request Service Agreement.

Signature  Date  Position

Name  Address

## Authorisation to Process Payments

By signing, I request you, until further notice in writing, to debit my/our account described in the overleaf schedule, any amount which the Health Workers Union (User ID No. 466179) may debit or charge me either through the Direct Debit System or via credit card payment; or to provide me with payment invoices in order to facilitate payment via other means.

## Terms and Conditions

By signing and providing the Health Workers Union with a valid instruction in respect to your Direct Debit Request, Invoice Payment or Credit Card Payment, you have understood and agreed to the terms and conditions governing the debit arrangements between you and the Health Workers Union as set out in the overleaf Request or Payment and above Authorisation to Process Payments. This authority shall remain in place for as long as you are an eligible member of the Health Workers Union.

By signing you also acknowledge that you are aware that membership of the Health Workers Union is subject to the Rules of the Health Workers Union (which can be viewed at the Union offices or online: <http://www.e-airc.gov.au/051v/rules>), and you thereby undertake to adhere to them.

## Referred By

If applicable, please state the name of the person or workplace delegate who has encouraged you to join the Health Workers Union.

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

## Direct Debit Request Service Agreement

This is your Direct Debit Service Agreement with **HSU VICTORIA NO 1 BRANCH, 466179 & ABN 92480180237**. It explains what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit provider. Please keep this agreement for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR authorisation.

### Definitions

**account** means the account held at *your financial institution* from which we are authorised to arrange for funds to be debited.

**agreement** means this Direct Debit Request Service Agreement between you and us.

**banking day** means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

**debit day** means the day that payment by you to us is due.

**debit payment** means a particular transaction where a debit is made.

**direct debit request** means the Direct Debit Request between us and you.

**us** or **we** means **HSU VICTORIA NO 1 BRANCH**, (the Debit User) you have authorised by requesting a *Direct Debit Request*.

**you** means the customer who has signed or authorised by other means the *Direct Debit Request*.

**your financial institution** means the financial institution nominated by you on the DDR at which the *account* is maintained.

### 1. Debiting your account

- 1.1 By signing a Direct Debit Request or by providing us with a valid instruction, you have authorised us to arrange for funds to be debited from your account. You should refer to the Direct Debit Request and this agreement for the terms of the arrangement between us and you.
- 1.2 We will only arrange for funds to be debited from your account as authorised in the Direct Debit Request.  
or  
We will only arrange for funds to be debited from your account if we have sent to the address nominated by you in the Direct Debit Request, a billing advice which specifies the amount payable by you to us and when it is due.
- 1.3 If the debit day falls on a day that is not a banking day, we may direct your financial institution to debit your account on the following banking day. If you are unsure about which day your account has or will be debited you should ask your financial institution.

### 2. Amendments by us

- 2.1 We may vary any details of this agreement or a Direct Debit Request at any time by giving you at least fourteen (14) days written notice.

### 3. Amendments by you

- 3.1 You may change\*, stop or defer a debit payment, or terminate (cancel) this agreement at any time by providing us with at least 14 days notification by writing to:  
[info@hwu.org.au](mailto:info@hwu.org.au)  
or  
by telephoning us on 0393413300 during business hours;  
or  
arranging it through your own financial institution, which is required to act promptly on your instructions.

\*Note: in relation to the above reference to 'change', your financial institution may change your debit payment only to the extent of advising us HSU VICTORIA NO 1 BRANCH of your new account details.

### 4. Your obligations

- 4.1 It is your responsibility to ensure that there are sufficient clear funds available in your account to allow a debit payment to be made in accordance with the Direct Debit Request.
- 4.2 If there are insufficient clear funds in your account to meet a debit payment:
  - a) you may be charged a fee and/or interest by your financial institution;
  - b) you may also incur fees or charges imposed or incurred by us; and
  - c) you must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the debit payment.
- 4.3 You should check your account statement to verify that the amounts debited from your account are correct.

### 5. Disputes

- 5.1 If you believe there has been an error in debiting your account, you should notify us directly on Kerry Georgiev and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly. Alternatively you can take it up directly with your financial institution.
- 5.2 If we conclude as a result of our investigations that your account has been incorrectly debited we will respond to your query by arranging for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.
- 5.3 If we conclude as a result of our investigations that your account has not been incorrectly debited we will respond to your query by providing you with reasons and any evidence for this finding in writing.

### 6. Accounts

You should check:

- a) with your financial institution whether direct debiting is available from your account as direct debiting is not available through BECS on all accounts offered by financial institutions.
- b) your account details which you have provided to us are correct by checking them against a recent account statement; and
- c) with your financial institution before completing the Direct Debit Request if you have any queries about how to complete the Direct Debit Request.

### 7. Confidentiality

- 7.1 We will keep any information (including your account details) in your Direct Debit Request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.
- 7.2 We will only disclose information that we have about you:
  - a) to the extent specifically required by law; or
  - b) for the purposes of this agreement (including disclosing information in connection with any query or claim).

### 8. Notice

- 8.1 If you wish to notify us in writing about anything relating to this agreement, you should write to:  
[info@hwu.org.au](mailto:info@hwu.org.au)
- 8.2 We may send notices either electronically to your email address or by ordinary post to the address you have given us.
- 8.3 If sent by mail, communications are taken to be received on the day they would be received in the ordinary course of post.

**Please forward completed forms to the union office via one of the following options**  
**POST:** PO Box 1088 South Melbourne, Victoria 3205 **EMAIL:** [info@hwu.org.au](mailto:info@hwu.org.au) **FAX:** (03) 9341 3334  
**or HAND IT to your union organiser. For more information call (03) 9341 3300.**