



Membership Application Form

I wish to become a member of the Health Workers Union

Surname Given Name(s)

Date of Birth Occupation/Classification

Worksite

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 three payment options:

Direct Debit Request/Payment Schedule

Fortnightly

Monthly

Surname Given(s)

BSB Number Account Number

Name of Account to be Debited

Name of Financial Institution

Credit Card Payment/Payment Schedule

Fortnightly

Monthly

Please charge my Mastercard Visacard American Express \$

Card Number Expiry Date

Invoice Payments/Payment Schedule

- Please send my invoices to my address, listed above.
- Please send my invoices to the following address, listed below.

Address Town/Suburb Postcode

N.B. All invoices are sent on a quarterly basis (four times per year). Your first invoice will be sent when we get your application, and will include a pro-rata payment total for the period up until your first full quarterly statement.

I **do not** wish to be informed about Health Workers Union exclusive member discounts and benefits.

By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood 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 above and will be subject to the terms and conditions of the Direct Debit Request Service Agreement and I am agreeing to the terms and conditions outlined on the back of this form.

Signature Date

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.

Direct Debit Service Request Agreement

This is your Direct Debit Service Agreement with the Health Workers Union, User ID No. 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 you and us.

us or **we** means the Health Workers Union, (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

You may change*, stop or defer a debit payment, or terminate this agreement by providing us with at least 14 days notification by writing to: Health Workers Union, PO Box 1088 South Melbourne, Victoria 3205 or by telephoning us on (03) 9341 3300 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 the Health Workers Union 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. Dispute

5.1 If you believe that there has been an error in debiting your account, you should notify us directly on (03) 9341 3300 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 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 the Health Workers Union: PO Box 1088 South Melbourne, Victoria 3205

8.2 We will notify you by sending a notice in the ordinary post to the address you have given us in the Direct Debit Request.

8.3 Any notice will be deemed to have been received on the third banking day after posting.

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 **FAX:** (03) 9341 3334
or HAND IT to your union organiser. For more information call (03) 9341 3300.