FSU Change of Payment Method/Account Details



- HOW TO COMPLETE THIS FORM
 All applicants complete and sign Section A choosing your preferred payment method.
 All applicants must fill in their personal details and sign Section B.
 Return by fax 1300 307 943, scan and email to fsuinfo@fsunion.org.au or post to Finance Sector Union, Reply Paid 9893 in your capital city

Introduced by:
FSU OFFICE USE ONLY
Date processed
Membership No.



PLEASE PRINT CLEARLY - If you have any questions about this form please call FSU on 1300 366 378.

	DIF	RECT DEBIT RE	QUEST	•		Ol	R		C	REDIT (CARD	
Customer's Authority	I/We [(Surname or Company/Busin	ness Name)	(Given names or	ABN)			Credit Card detai	ls	Mas Mas	tercard	Visa
debited from my.	our account at	(on (the User) (User ID number 03 the financial institution identifierce in accordance with the terms de	2444) to arrange d below and as pr	through BECS for rescribed below.	,			Card Number				
of any moneys p The Financial In: this Request as t	stitution may, i oursuant to this stitution may, i to future debits	n its absolute discretion, determii s Request or any authority or man in its absolute discretion, at any ti s.	date. me by notice in w	riting to me/us, te				Name on card Expiry date]/ 🗌		Cards are de	bited on 1st, 8th,
The user may, by ★	prior arrangeme	ent and advice to me/us, vary the an	nount or frequency	of future debits.				Signature of cardhold	er 🗴			
stomer signatu joint account a		may be required)		Date				Frequency: N	lonthly [Quarterly	Half	Yearly Yea
Details of a	ccount							SALARY DI	DUCT	IONS (v	vhere ava	ilable)
to be deb	oited	Name of the	e Financial Instit	tution				(Confirm availability with yi I hereby authorise the Empl subscription to the Finance Union. I understand that th deductions vary upon notifi with the Employer or until o	oyer to deduct t Sector Union of e annual subscr cation of the En	from my pay each Australia and fo iption may vary l nployer. This autl	rward the amor by a decision of	unt deducted on my bel National Conference ar
).		No.						×				Date
		Thursday, Please indicate wh	nen vour next b	av dav is to				Salary / Elliployee Null				
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