

I want to be *stronger together*.

OR

I am not yet a Union member but wish to join.
I give permission for my employer to release my banking and contact details to United Voice.

Please fill in the yellow fields.

I am a current Union member and give permission for my employer to release my banking and contact details to United Voice.

Please fill in the yellow fields.

I want to be *stronger together*.
But I wish to provide banking details for another account or credit card.

Please provide the account or card details.

Please provide us with the following details:

Family Name		First Name(s)	
Home address		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Suburb / Town		Postcode	
Phone (H)	Phone (W)	Mobile	
Email address		Date of Birth	
Role / Profession		Job Site / Establishment	

Then please select a payment option:

OPTION 1: DIRECT DEBIT AUTHORITY

To the Manager. I/we (family name, first name)
Request United Voice (formerly known as the LHMU) [APCA User ID Number 301011] to debit funds from my/our nominated account at the financial institution shown below and as prescribed through the Bulk Electronic Clearing System, until further notice in writing is given by me/us.

This direct debit request is subject to the terms and conditions governing the debit arrangements between me/us and United Voice as set out in this request and in the Direct Debit Service Agreement.

I/we authorise the following:

- United Voice to verify the details of my/our account with my/our Financial Institution if required.
- The Financial Institution to release information allowing United Voice to verify my/our account details.
- I authorise my employer to release my bank account details to the Union for the purpose of enabling me to establish a direct debit facility for the payment of union dues.

4. Weekly Fortnightly Monthly Quarterly Fortnightly (Thursday)

M T W Th F M T W Th F M T W Th F

Please circle the day that you would like funds to be taken out on

OR Next pay date: / /

Direct debit will commence as soon as possible after this date and unless otherwise notified, above funds will be withdrawn the day after the regular payday.

- I authorise United Voice to cease PRD with my employer if necessary.

YOUR ACCOUNT DETAILS

Financial institution
Branch address of bank at which account is held
Name (s) on account
BSB Number
Account Number
► Signature (s)
Date

Authorised by Gary Bullock – United Voice Branch Secretary

OPTION 2: RECURRING CREDIT CARD PAYMENT AUTHORITY

Mastercard Visa Expiry Date /

Card No.

Monthly Quarterly Fortnightly (Thursday)

Name on card

Description of goods/services: Union fees

I wish to use my (type of card) to pay for the above goods/services supplied to me by United Voice (the merchant).

I hereby authorise the Merchant to debit funds from my card account at intervals specified above and in the event of any change in the charges for these goods/services to alter the amount from the appropriate date in accordance with such change. This authority shall 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 Merchant in writing of its cancellation.

► Cardholder's signature

Date

OFFICE USE ONLY

ORGANISER NAME

SECTION CODE

GRADE

ESTAB. NO

MEMBERSHIP NO.