

## Direct Debit Request (DDR)

This form is for members who wish to make payment of their Union Dues by Automatic deduction from their bank account. Your account will automatically be debited each fortnight on the same day as payday.

Request and Authority to debit the account named below to pay CEPU Communications Division, Queensland Branch.

Please refer to our website [www.cepugld.asn.au](http://www.cepugld.asn.au) for our Terms & Conditions.



Family Name _____
Given Name _____
I request until further notice in writing that the CEPU Communications Division, Queensland Branch, User ID number 065241 (P&T) or User ID number 064311 (T&S), debit any amount to my account described below, through the Bulk Electronic Clearing System, subject to the terms and conditions of the Direct debit service Agreement

Financial Institution _____
Address _____
Name of Account _____
BSB # <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> Account <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Acknowledgement By signing this Direct Debit Request you acknowledge having read and understood the Terms and Conditions governing the debit arrangements between you and us as set out in this request and in your Direct Debit Request Service Agreement.
--

CEPU Communications Division Member # _____
Amount to be deducted per fortnight: \$ _____

Signature (If joint account, all signatures are require) _____
Address _____
Date _____ Phone A/H _____
Email _____

Signature (If joint account, all signatures are require) _____
Address _____
Date _____ Phone A/H _____
Email _____

### Credit Card Request

Card Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Expiry Date _____
Bankcard                      Visa                      Mastercard

Fax: 3255 0020