

Please select ONE of the following:

**I am paying by...**

**Fortnightly Payroll Deduction**

I authorise the AEU to contact DET to commence fortnightly deductions at the appropriate rate as soon as possible.

Name

Signature

AGS No

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**Monthly Credit Card**

11th of each month or next business day

Please debit my credit card automatically

Visa  Bankcard  MasterCard

Cardholder's name

Card Number

Expiry Date / Amount \$

Cardholder's signature

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**Monthly Direct Debit** [Bank/Credit Union]

11th of each month or next business day

I have completed the DDR Authority below to have my subscription deducted from my bank or credit union account.

**Direct Debit Request Form and Service Agreement**

Request for debiting amounts to accounts by the

Bulk Electronic Clearing System (BECS)

Manager [insert name & address of financial institution]

I/We [Insert your name in full]

[Surname or Company/Business Name]

[Given Names or ACN/ARBN] request you, until further notice by me in writing, to debit my/our account described in the schedule below, any amounts which the Australian Education Union – ACT Branch [User ID No. 066127] may debit or charge me/us through the Bulk Electronic Clearing System. **Continued next column**

I/We understand and acknowledge that:

1. The Financial Institution may in its absolute discretion, determine the order of priority of payment by it of any moneys pursuant to this Request or any authority or mandate.
2. The Financial Institution may in its absolute discretion, at any time by notice in writing to me/us, terminate this Request as to future debits.
3. The User may, by prior arrangement and advice to me/us, vary the amount or frequency of future debits.
4. Any queries to be directed to the Debit User in the first instance.
5. It is the responsibility of the customer to have sufficient funds in the account by the due date to permit the payment by BECS or bank charges may apply.
6. I/We understand the information supplied will not be used for another purpose.
7. Statements will be issued upon request.

Customer Signatures [joint signatures may be required]

Customer Address

**The Schedule**

(Note: BECS is not available on the full range of accounts. If in doubt, please refer to your Financial Institution)

Insert name of account which is to be debited

BSB [Bank/State/Branch No.]

Account Number

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**Quarterly Statement**

I enclose Cheque/Money Order for \$

Please post to PO Box 3042, Manuka 2603 or pay in person: AEU Office, Ground Floor, 40 Brisbane Avenue, Barton.

**Note: Please multiply the fee on the account by 4 to calculate the yearly payment. If you select payment by this method you will receive a quarterly statement [11 March/11 December/11 September and 11 December] which can be paid online through a secure gateway payment [www.aeuact.asn.au/membership/index.html].**