

Australian Public Service Benevolent Society Ltd

Direct Debit Request



Membership Number			
Name(s)			
Address			
Phone	Home:	Work:	Mobile:
E-mail			

I/We authorise the **Australian Public Service Benevolent Society Ltd (ABN 64 077 846 809 & AFSL 244115)** to arrange for funds to be debited from my/our account at the financial institution identified below through the Bulk Electronic Clearing System ("BECS"). **This authorisation is to remain in force in accordance with terms described in the Articles of Association and By-Laws.**

LOAN PAYMENT DETAILS – NOTE : LOAN PAYMENTS CANNOT BE PAID BY CREDIT CARD

Details of your financial institution (Bank, Credit Union or Building Society)

Account Name				
Name of Institution		BSB Number		Account Number

PLEASE INDICATE THE DATES THE DIRECT DEBITS ARE TO COMMENCE (i.e. YOUR PAY DAY)

\$ _____ per month
 \$ _____ per fortnight
 \$ _____ per week

Loan payments debited monthly, fortnightly or weekly commencing ___/___/___

ADD SUBS: @ \$11.27 monthly, \$5.20 fortnightly or \$2.60 weekly with loan payments \$ _____
 Total Payments per _____ \$ _____

MEMBERSHIP SUBSCRIPTION PAYMENTS (if not included in loan repayment)

Place a tick (✓) in the square for preferred payment period for membership subscription payments

<input type="checkbox"/> \$135.20 annually* Credit Card or Bank Debit	<input type="checkbox"/> \$67.60 half year* Credit card or Bank Debit	<input type="checkbox"/> \$33.80 quarterly* Credit Card or Bank Debit	<input type="checkbox"/> \$39.00 p.a Child Cover ONLY	<input type="checkbox"/> \$5.20 fortnightly Bank Debit ONLY
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*On 1st business day July/Oct/Jan/Apr *Pro rata unit holding applies

Payments commencing ___/___/___ Pro Rata Membership Subscriptions \$ to

IF YOU WISH TO PAY YOUR SUBSCRIPTION BY CREDIT CARD, PLEASE COMPLETE THE SECTION BELOW

Please debit my credit card (circle one): **MasterCard** **VISA**

Card No. _____ . _____ . _____ . _____ Expiry Date ____/____

I request the Society, until further notice, to arrange payment of my Mortuary Benefit/Loan Repayment via BECS by debiting my account as described above. I acknowledge that this request may be terminated at any time by notice in writing from either you or us and that an alternative method of payment must be adopted. I/We authorise the following:

1. The Debit User to verify the details of the abovementioned account with my/our Financial Institution
2. The Financial Institution to release information allowing the Debit User to verify the abovementioned account details.

Signature(s): _____ Date: / /

SIGN HERE PLEASE