

Direct Debit Form

Membership Details

PSA Membership Number		
Title	First Name	Last Name
Home Address		
Suburb		Postcode
Preferred Email		Contact Phone

Methods of Payment

PSA subscriptions are 0.95% of your salary (plus GST) to a maximum of the ASO5 rate. PSA subscriptions are fully tax deductible. Unless otherwise notified, direct debits will occur on the first working day of each month.

Option 1: Monthly Direct Debit From Bank Account

If you wish to pay by Direct Debit from a Bank account, please complete your details below.

Name of Financial Institution	<input type="text"/>	Account Name	<input type="text"/>
BSB Number	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Account 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"/>

Option 2: Monthly/Quarterly Debit From Credit Card

If you wish to pay by credit card, please complete your details below.

The PSA does not accept American Express or Diners Club Cards.

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	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Cardholder's Name	<input type="text"/>		
Card Type	Visa <input type="checkbox"/> Mastercard <input type="checkbox"/>	Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/>	

Direct Debit Authority

In accordance with my payment method, I authorise the PSA/CPSU to, until further notice in writing, debit my account any amounts which the PSA/CPSU may charge me through the direct debit system.

I understand and acknowledge that the Credit Union/Financial Institution may in its absolute discretion determine:

1. The order of priority of payment by it of any money pursuant to this request or any authority or mandate.
2. At any time by notice in writing to me terminate this request as to further debits.

Signature	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
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*Resignation: Members intending to resign are required to give 14 days' written notice and remain financial during this period.

*Refer to website for PSA/CPSU membership rules.

Office Use Only

MUST Updated By:	<input type="text"/>	Date:	<input type="text"/>
Payment Processed By:	<input type="text"/>	Date:	<input type="text"/>
Receipt Number:	<input type="text"/>		
Send Receipt Unless Otherwise Advised:	<input type="checkbox"/> Posted <input type="checkbox"/> Emailed <input type="checkbox"/> Not Required	Date:	<input type="text"/>