

CEPU Plumbing Division (NSW)

ABN: 85 656 451 687

Shop 1, 111 McEvoy Street

ALEXANDRIA NSW 2015

Tel: 02 9310 3411, Fax: 02 9310 1380



Direct – Debit Request (DDR) Service Agreement

Please ensure that you have read the following before sending in the Direct Debit Request.

Please retain this page for your records.

- We may vary this agreement at any time by giving you at least 14 days notice.
- By signing a Direct Debit Request, you request and authorise the CEPU Plumbing Division to arrange for your membership dues to be debited from your bank account and paid to the Union on a fortnightly basis. The amounts drawn will be the membership dues as determined under the Rules of the CEPU Plumbing Division, and may increase from time to time according to the Rules, or any greater amount which you may instruct us to draw, provided such instructions is in accordance with the Union's Rules.

We will only arrange for funds to be debited from your account

- a) as requested and authorised in the Direct Debit Request; and/or
- b) According to any notice sent to you specifying the amount payable and the date the payment is due.

The payment will be deducted from your nominated account on the payment due date. If the due date for payment falls on a non-working day or public holiday, the payment will be processed on the next working day.

- It is your responsibility to ensure that you have sufficient funds in the nominated account when payments are to be drawn. If you do not have sufficient funds, the transaction will be rejected and a dishonor fee may be charged to your account. We treat the payment as if it was never paid.
- You should be aware that:
 - a) Direct Debiting through Bulk Electronic Clearing Systems is not available on all accounts;
 - b) Account details should be checked against a recent statement from your financial institution. If you are in any doubt, you should check with your ledger financial institution before completing the Direct Debit Request; and
 - c) It is your responsibility to advise us if your nominated account is altered, transferred, or closed.
- If you believe there has been an error in debiting your account you should contact us on 02 9310 3411 from 7.30am to 5.00pm Monday to Friday as soon as possible so that we can resolve your query without delay. Alternatively, you may contact your financial institution.
- Your records and account details will be kept private and confidential and will only be disclosed at your request or at the request of the financial institution in connection with a claim made to an alleged incorrect or wrongful debit, or otherwise as required by law.
- For all matters relating to the Direct Debit arrangement on your account including requests for deferment of debits, alteration of debit arrangements or stopping or canceling your direct Debit Request, please call us on 02 9310 3411 from 7.30am to 5.00pm, Monday to Friday. Alternatively, you may contact your financial institution.

**IMPORTANT NOTICE: Direct Debiting is only available on statement accounts.
If in doubt, please refer to your financial institution.**

Customer's Authority

Name of Customer/s giving the DDR _____
Union Member Number _____

I/We _____

authorise and request you

Name of Debit User _____ APCA User ID Number _____
CEPU of Australia , NSW Branch **304 166**

to arrange for funds to be debited from my/our account at the financial institution identified below and as prescribed below through the Bulk Electronic Clearing System or to debit my/our account by other means.

This authorisation is to remain in force in accordance with the terms described in the Direct Debit Agreement.

Customer's Address

Residential Address _____
_____ Postcode _____
Phone _____ Mobile _____
Email _____

Details of the Account to be Debited

Name and address of the financial institution at which your account is held _____
_____ Postcode _____

Please note: Credit Card details **can not** be used for Direct Debit payments

Account name (please insert your name in full)

BSB Number _____ Account Number _____ Per fortnight \$ _____

ABN/ARBN (if applicable) _____ Bank Name _____ Per fortnight \$ _____
or
Nominated Amount

Declaration (if in joint name/s both signatures may be required)

I/We also 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 _____ Date _____
Signature _____ Date _____