AUSTRALIAN NURSING & MIDWIFERY FEDERATION PAYMENT AUTHORISATION

Given Name ..... Surname ..... Membership No .....

Home Phone ..... Mobile ..... Email .....

AUTO CREDIT CARD

I wish to use my MasterCard/Visa to pay my Membership fees to the Australian Nursing & Midwifery Federation (Tasmanian Branch).

I hereby authorise the Australian Nursing & Midwifery Federation (Tasmanian Branch) to debit my credit card with the amount and at the intervals specified below, and in the event of any change in the membership fees to alter the amount from the appropriate date in accordance with such change. This authority shall stand, in respect of the Card specified, and in respect of any Card issued to me in renewal or replacement thereof, until I notify the Australian Nursing & Midwifery Federation (Tasmanian Branch) in writing of its cancellation.

Cardholder Name .....

Card No .... / .... / .... / .... / .... / .... / .... / .... / .... / .... / .... / .... / ....

Expiry Date ..... / ..... ☐ Visa ☐ Mastercard

Regular Debit ☐ Monthly ☐ Quarterly

Amount $.....

Signature .....

Auto Credit Card Request Service Agreement

Debiting details: An amount shall be debited by the Australian Nursing & Midwifery Federation (Tasmanian Branch) as varied from time to time and currently set out in the membership fee schedule on the reverse.

Maximum amount to be debited: As per the membership fee schedule unless otherwise agreed.

Payment date: For monthly debits, will be the 10th of each month. For quarterly debits, will be 10th of January, April, July and October. Where the due date for processing falls on a non working day or public holiday, payment will be processed on the next working day.

DIRECT DEBIT REQUEST

☐ Fortnightly (Please indicate preferred Thursday debit date)

Thursday start date ____/____/ 20____

☐ Monthly (10th of each month)

Customer's authority

I/We .....
Name of Customer(s) giving the DDR

authorise you **AUSTRALIAN NURSING & MIDWIFERY FEDERATION (Tasmanian Branch) 025742** APCA User ID Number

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 (BECS). I/We have read the Service Agreement and agree to its terms. I/We authorise and request that this Direct Debit Request remain in force in full until cancelled, deferred or otherwise altered in accordance with the Service Agreement.

Details of the Account to be debited (All details must be supplied)

Signature .....

Name of the Financial Institution .....

Account Holder(s) please insert exact names as per account statement

.....

BSB ..... | ..... | ..... - ..... |..... | ..... Account No .....

☐ I/We request that you debit my/our account in accordance with our Agreement

Direct Debit Request Service Agreement

1. **Debiting details:** An amount shall be debited by the Australian Nursing & Midwifery Federation (Tasmanian Branch) as varied from time to time and currently set out in the membership fee schedule as below:
   - **Maximum amount to be debited:** As per membership fee schedule unless otherwise agreed
   - **Frequency of debit:** Monthly or fortnightly.
   - **First payment date:** As soon as practicable after signing direct debit request.
   - **Final payment date:** Within one month after resignation.
2. The customer will be advised 14 days in advance of any changes to the direct debit arrangements;
3. The customer should be aware that:
   - Direct debiting through BECS is not available on all accounts;
   - Account details should be checked against a recent statement from its financial institution.
   - If you are in any doubt, you should check with your ledger financial institution before completing the drawing authority.
4. It is your responsibility to ensure sufficient cleared funds are in the nominated debiting account when the payments are to be drawn.
5. 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. If the customer is in any doubt, please refer to questions below for further clarifications.
6. For returned unpaid transactions, the following procedures or policy will apply:
   - An attempt to contact you for further instructions shall be made, however, if we cannot contact you we may debit your account for the unpaid transaction the following month if we have not been advised otherwise from yourself.
7. All customer records and account details will be kept private and confidential to be disclosed only at the request of the member or financial institution in connection with a claim made to an alleged incorrect or wrongful debit.

Questions

For all matters relating to recurrent credit card payments, direct debit arrangements or other enquiries you will need to:

- Call our Membership Officer on (03) 6223 6777, and/or visit 182 Macquarie street, Hobart, Tas, 7000.
- Send written correspondence to the Membership Officer at 182 Macquarie Street, Hobart, Tas, 7000, outlining the request or issue
- Allow one month for the amendments to take effect.