

# DIRECT DEBIT REQUEST SERVICE AGREEMENT

Debit User's name: Health and Community Services Union (HSU Vic No.2 Branch) ("we" or "us")  
With ABN: 48 505 905 580  
Debit User's address: 7 Grattan Street Carlton 3053  
User ID: 017325

7. Membership fees are paid in advance on a set cycle of payments occurring fortnightly, 4 weekly, quarterly, six monthly and yearly.  
**\*\*Initial pro rata payment is made in order to align to the nominated cycle of payments and will occur on the next fortnightly payment date.**

You have entered or are about to enter into an arrangement under which you make payments to us. You want to make those payments by use of the Direct Debit System.

This agreement sets out the terms on which we accept and act under a Direct Debit Request ("your Direct Debit Request") you give us to debit amounts from your account under the Direct Debit System. It is additional to the arrangement under which you make payments to us.

Please ensure you keep a copy of this agreement as it sets out certain rights and obligations you have with us by giving us your Direct Debit Request.

## 2016-17 Schedule of payment

Fortnightly	4 weekly	Quarterly	Six Monthly	Yearly
July - 7 and 21 August - 4 and 18 September - 1, 15 and 29 October - 13 and 27 November - 10 and 24 December - 8 and 22 January - 5 and 19 February - 2 and 16 March - 2, 16 and 30 April - 13 and 27 May - 11 and 25 June - 8 and 22	July - 7 August - 4 September - 1 and 29 October - 27 November - 24 December - 22 January - 19 February - 16 March - 19 April - 13 May - 11 June - 8	July - 7  October - 6  January - 5  April - 6	July - 7   January - 5	July - 7

### WHEN ARE WE BOUND BY THIS AGREEMENT?

1. We agree to be bound by this agreement when we receive your Direct Debit Request complete with the particulars we need to draw an amount under it.

### WHAT WE AGREE AND WHAT WE CAN DO

2. We only draw money out of your account in accordance with the terms of your Direct Debit Request

3. On giving you at least 14 days notice we may:

- Change our procedures in this arrangement
- Change the terms of your Direct Debit request; or
- Cancel your Direct Debit Request

4. You may ask, giving us at least 24 hours notice before payment date, to:

- Alter the terms of your Direct Debit Request
- Defer payment to be made under your Direct Debit Request;
- Stop a drawing under your Direct Debit Request; or
- Cancel your Direct Debit Request by:

Informing us in writing of the change you require and the reason for the change. Our contact details are: Membership Officer, P O Box 206, Carlton South 3053. Stops and cancellations of your Direct Debit Requests can be directed to us or your own Financial Institution.

5. You may dispute any amount we draw under your Direct Debit Request by notifying us of your dispute by letter and provide us details of the payment you are disputing and reasons for the dispute. We will endeavour to resolve any dispute within 14 days. Disputes may also be directed to your own Financial Institution.

6. We deal with any dispute under clause 6 of this agreement as follows:

We will investigate the dispute and if it is found that the amount has been debited in error we will refund you the disputed amount within 14 days. Where it is found that the disputed amount has been debited correctly and in accordance to the terms of the Direct Debit Agreement, we will notify you of that outcome in writing within 14 days.

8. If your financial institution rejects any of our attempts to draw an amount in accordance with your Direct Debit Request, we will charge you for any fees incurred to us by our financial Institution as a result of the reject. We will contact you within the next business day to discuss a reattempt to draw the funds from your account in accordance with your Direct Debit Request, or to arrange alternative methods of payment.

9. We will not disclose to any person any information you give us on your Direct Debit Request, which is not generally available, unless:

- You dispute any amount we draw under your Direct Debit Request, where we will be required to disclose your information to your Financial Institution in order to investigate the dispute;
- You consent to that disclosure; or
- We are required to disclose that information by law.

10. Not all accounts held with a financial institution are available to draw on under the Direct Debit System.

11. Before you complete your Direct Debit Request, it is best to check account details against a recent statement from your financial institution to ensure the details on your Direct Debit Request are completed correctly.

12. Please enquire of your financial institution if you are uncertain when your financial institution processes an amount we draw under your Direct Debit Request.

13. It is your responsibility to ensure there are sufficient clear funds available in your account, by the due date to enable us to obtain payment in accordance with your Direct Debit Request.

For any queries or any matters relating to these direct debit arrangements members should contact our Membership Officer at PO Box 206, Carlton South 3053, or phone 1300 651 931/03 9340 4100, fax (03) 9650 8122 or e-mail hacsu@hacsu.asn.au.

## HACSU current subscription rates (including GST)

Effective from 1st July 2016

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CLASSIFICATION	FORTNIGHTLY	4 WEEKLY	QUARTERLY	SIX MONTHLY	YEARLY
Mental Health and AOD—Nurses, Health Professionals, Psychologists & Direct Care. Disability - Direct Care, Client Services and Managers. (48 hours or more per fortnight)	\$24.50	\$49.00	\$159.25	\$318.50	\$637.00
Mental Health and AOD—Nurses, Health Professionals, Psychologists & Direct Care. Disability - Direct Care, Client Services and Managers. (less than 48 hours per fortnight)	\$14.30	\$28.60	\$92.95	\$185.90	\$371.80
Non Direct Care—Administrative, support and ancillary staff. (48 hours or more per fortnight)	\$23.30	\$46.60	\$151.45	\$302.90	\$605.80
Non Direct Care—Administrative, support and ancillary staff. (less than 48 hours per fortnight)	\$13.60	\$27.20	\$88.40	\$176.80	\$353.60