

BE A PART OF SOMETHING BIGGER JOIN HACSU



HACSU

Health & Community
Services Union

all HACSU
fees are tax
deductible

Please print in all caps
ABN: 48 505 905 580

First and Last Name

Gender

Postal Address

Postcode

Phone number

Date of Birth

Personal email address - please print clearly

Employer/s

Job Title and Classification (if known)

Worksite/Group Home/Team name/Casual

Referred by (If applicable)

If you work as a private practitioner, tick here.
If you work as a private practitioner and have queries as to whether you are covered by Professional Indemnity Insurance, please call HACSU Assist on 1300 651 931.

I work 48 hours or more per fortnight.
Applies if neither are selected

I work less than 48 hours per fortnight

Payment via VISA or Mastercard

Credit Card Number

Name on Credit Card

Expiry

CVC/CCV

Signature

Date

OR Payment via Bank Account Direct Debit

Full Name/s on Account

Financial Institution

Signature/s

BSB

Account Number

Date

Billing Cycle

Fortnightly

Monthly

Quarterly

Yearly

fortnightly applies if none are selected

The above signature authorises and request Health and Community Services Union (HSU Vic No. 2 Branch) Direct Debit User No.017325 to arrange for funds to be debited from my/our account of the financial institution identified and as prescribed below through the Bulk Electronic Clearing System (BECS). These drawings are for union membership dues as determined by the Branch Committee of Management. Refer to Service Agreement which can be found at hacsu.asn.au. This authorisation is to remain in force until further notice.

I 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. The full service agreement can be found at www.hacsu.asn.au

Declaration -
Professional
Indemnity Insurance

Signature

Date

Office Use Only

4WF

BP

HM

CM

ORG

I, the above-signed being a financial member of the Health and Community Services Union (Health Services Union Victoria No.2 Branch), hereby give notice that I appoint the said union as my agent for the purposes of giving and accepting of notices in respect of Professional Indemnity Insurance in accordance with the Insurance Contracts Act 1984 and its Regulations. I also undertake to report any facts or circumstances, which might give, rise to a claim under the policy to the said Union as soon as I become aware of any facts or circumstances.

DIRECT DEBIT REQUEST FORM

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 South VIC 3053

User ID: 017325

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. Therefore you authorise and request us to debit your account through the "Bulk Electronic Clearing System (BECS).

This agreement sets out the terms on which we accept and act under a Direct Debit Request ("your Direct Debit Request") you give us permission 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

2019 – 2020 Schedule of Payment

Fortnightly	Monthly	Quarterly	Yearly
July - 4, 18	July - 4*	July - 4	July - 4
August - 1, 15, 29	August - 1*	October - 3	
September - 12, 26	September - 5*	January - 2	
October - 10, 24	October - 3*	April - 2	
November - 7, 21	November - 7*		
December - 5, 19	December - 5*		
January - 2, 16, 30	January - 2*		
February - 13, 27	February - 6*		
March - 12, 26	March - 5*		
April - 9, 23	April - 2*		
May - 7, 21	May - 7*		
June - 4, 18	June - 4*		

If a payment date falls on a day which is not a business day, then the due date will be set 1 (one) day prior to the payment date. *1st Thursday of every month

When are we bound by this agreement?

- 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:

- We only draw money out of your account in accordance with the terms of your Direct Debit Request
- If there is a variation to any of the debit arrangements, we will provide you with not less than 14 days' notice. These may be:
 - Change the terms of arrangement;
 - Change the terms of your Direct Debit request; or
 - Cancel your Direct Debit Request.

We may send you notices either electronically to your email address, or by ordinary post to the address you have given us. Any notice will be deemed received on the third banking day after emailing or posting.

- You may ask, giving us not less than 14 days notice before payment date, to advise of:
 - Alteration of the terms of your Direct Debit Request;
 - Deferment of payment to be made under your Direct Debit Request;
 - Stop a drawing under your Direct Debit Request; or
 - Cancellation of 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, PO Box 206, Carlton South 3053. Stops and cancellations of your Direct Debit Requests can be directed to us or your own Financial Institution.

- 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.
- 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.

- Membership fees are paid in advance on a set cycle of payments occurring fortnightly, monthly, quarterly 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.**

- If your financial institution rejects any of our attempts to draw an amount in accordance with your Direct Debit Request, we may 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 bank account in accordance with your Direct Debit Request, or to arrange alternative methods of payment. If your credit card declines the payment, we will reattempt the payment without contacting you in the first instance.
- 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.
- Direct Debit, through BECS is not available on all accounts. You are advised to check your account details against a recent statement from your financial institution (ledger FI) and if uncertain, please check with your financial Institution before completing the Direct Debit Request.
- If you are uncertain as to when the debit will be processed to your account, then you should enquire directly to your financial institution (ledger FI)
- It is your responsibility to ensure there are sufficient clear funds available in your relevant account, by the due date to allow for the payment of debit items according to the relevant Direct Debit Request.
- We state that the Debit User's policy on the privacy of Customer records and account details, while noting that the Bank may require such information to be provided in the event of a claim or relating to an alleged incorrect or wrongful debit.
- A member may resign from the union by notice in writing addressed and delivered to the Secretary of the branch. Following receipt of the notice, there are two ways in which the resignation may take effect;
 - When the member ceases to be employed in or in connection with the industries covered by HACSU;
 - At the date specified by the member in the notice of resignation; provided that date is later than (1) or (2).

Members are liable to pay all dues to the date on which the resignation takes effect. Any reference herein to the Health and Community Services Union also includes a reference to the Health Services Union.

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

I understand the terms and conditions of this membership agreement:

Signature

Date

HACSU current subscription rates (including GST)

Effective from 1st July 2019

Classification	Hours	Fortnightly	Monthly	Quarterly	Yearly
Direct Care e.g. Mental Health, Disability Support Workers, Client Services	Regular fortnightly working hours are 48 hours or MORE	\$26.40	\$57.20	\$171.65	\$686.60
	Regular fortnightly working hours are LESS than 48 hours	\$15.40	\$33.40	\$100.25	\$400.90
Support Services e.g. Admin, Clerical & Facilities Staff	Regular fortnightly working hours are 48 hours or MORE	\$24.50	\$53.15	\$159.40	\$637.60
	Regular fortnightly working hours are LESS than 48 hours	\$14.30	\$31.00	\$93.05	\$372.20
Lived Experience Workforce e.g. Carer & Consumer Peer Workers	Regular fortnightly working hours are 48 hours or MORE	\$16.60	\$35.90	\$107.75	\$431.00
	Regular fortnightly working hours are LESS than 48 hours	\$9.70	\$20.95	\$62.90	\$251.60

