

DIRECT DEBIT REQUEST FORM

Full Name: I/we

Surname	Given Names

Membership Number:

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Authorise you:

Name of Debit User	User ID Number
The Rail Tram & Bus Union	25663

Your Address:

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Please 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).

This authorisation is to remain in force until such time as you notify us in writing to cancel the agreement.

I we/ understand and acknowledge that:

1. The bank/Financial Institution may in its absolute discretion determine the order of priority of payment by it of any monies pursuant to this request or any authority mandate.
2. The Bank/Financial Institution may in its absolute discretion at any time by notice in writing to me/us terminate this request as to future debits.

Signature	Date

DETAILS OF ACCOUNTS TO BE DEBITED

Name of Financial Institution:
eg. Bank, Co-op.

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Account Name:

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Account Number

BSB	A/C NO.

Return this form to:

**Rail Tram & Bus Union
Level 2, 365 Queen Street
MELBOURNE VIC 3000**

Enquiries telephone: 03 8630 9100 Fax: 03 8630 9122