





## Australian Nursing Federation Membership Form

Australian Nursing Federation  
260 Pier Street Perth WA 6000

Phone 6218 9444  
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email [anf@anfiuwp.org.au](mailto:anf@anfiuwp.org.au)  
Website [www.anfiuwp.org.au](http://www.anfiuwp.org.au)

### DIRECT DEBIT REQUEST SERVICE AGREEMENT

- The Australian Nursing Federation Industrial Union of Workers Perth, ABN 79 757 959 435 (ANF) (User ID No 207579) ("Debit User") will initiate direct debit payments in the manner referred to in the Schedule. Debit payments will be made when due. The ANF will not issue individual confirmation of payments made.
- The ANF will give members at least 14 days' written notice if the ANF proposes to vary details of this arrangement for any amount in arrears that may have arisen, including the amount and frequency of payments.
- In the event of changes to subscription rates I authorise ANF (WA Branch) to alter the amount from the appropriate date in accordance with such changes. (Changes to rates are advertised in *The Western Nurse*)
- If a member wishes to defer any payment or alter any of the details referred to in the Schedule, the member must ring the ANF on 6218 9444 or toll free 1800 199 145 for country members or write to the ANF at PO Box 8240, Perth Business Centre, 6849.
- Any queries concerning disputed debit payments must be directed to the ANF in the first instance. Members may obtain details of the claims process by contacting the ANF at the above mentioned telephone number.
- Direct debiting through BECS is not available on the full range of accounts at all financial institutions. If in doubt, the member should check with their financial institution before completing this Direct Debit Request.
- Members should ensure that the account details given in the Schedule are correct by checking them against a recent statement from their financial institution, at which the account is held, before completing this Direct Debit Request.
- By signing the Direct Debit Request, the member warrants and represents that he/she/they is/are duly authorised to request the debiting of payments from the account described in the Schedule.
- It is the member's responsibility to have sufficient cleared funds available in the account or credit card to be debited to enable debit payments to be made in accordance with this Direct Debit Request.
- If a debit payment falls due on any day, which is not a business day, the payment will be made on the next business day.
- If a debit payment is returned unpaid, the member may be charged a fee for each unpaid item.
- Members wishing to cancel this Direct Debit Request or to stop individual debit payments must advise the ANF either by telephone or in writing at least 5 working days before the payment is due to be debited.
- Except to the extent that disclosure is necessary in order to process debit payments, investigate and resolve disputed transactions or is otherwise required by law, the ANF will keep details of the member's account or credit card and debit payments confidential.
- By signing the Direct Debit Request, I authorise and request that Australian Nursing Federation ("Debit User"), until further notice in writing to debit my account for any amount through the Direct Debit System for ANF membership subscription up to the end of the current fortnight/ month from hence on the first day of each fortnight or each month. Furthermore, this Direct Debit Request remains in force until cancelled, deferred or otherwise altered in accordance with the Service Agreement.
- By signing Quarterly Credit Card Authorisation, I authorise and request that Australian Nursing Federation, until further notice in writing to charge my credit card for subscription up to the end of the current financial quarter and from hence on the first working day of each quarter. This authority remains in force until cancelled, deferred or otherwise altered in accordance with the Service Agreement.
- Members should ensure that the credit card details given in the Schedule are correct by checking them against a recent statement from their financial institution, at which the credit card is held, before completing this Direct Debit Request and the member should ensure to update the expiry dates of the credit card.

MEMBERSHIP TYPE	Registered Nurse (General &/or Mental Health)	Registered Nurse (General &/or Mental Health)	Enrolled Nurse General &/or Mental Health
Fortnightly Direct Debit	\$15.83	\$11.48	\$12.94
Payroll Deduction	\$17.33	\$34.31	\$24.87
Monthly Direct Debit	\$102.92	\$74.62	\$298.48
Quarterly Credit Card	\$411.68		
Yearly			