

Name _____ Membership number _____

Enrolled address _____

Complete this form and return to:
Queensland Labor
PO Box 5032
West End QLD 4101

By completing this form you are authorising payment of your Queensland Labor membership fee by Direct Debit from a credit card or bank account. This authority will remain in force until it is cancelled by you.

Note that all members, including those paying by Direct Debit, must complete the annual Membership Renewal form to remain members of Queensland Labor. If you do not renew, your automatic Direct Debit will lapse.

Request to Direct Debit amount to pay Queensland Labor

I would like to pay my Queensland Labor membership fee by Direct Debit.

Please debit my account for the amount of \$ _____

Please deduct fee from my:

Credit Card Account

Name _____

Address _____

Postcode _____

Phone (AH) _____

Phone (BH) _____

Mobile _____

Email _____

Member number _____

Visa Mastercard

Card Number _____

Card name _____

Expiry Date / / _____

Signature _____

Date / / _____

OR

Insert name and
address of financial
institution at which your
account is held

Insert your name in full

Customer signatures

Customer address

Insert name of account
which is to be debited

BSB Number

Account Number

Debit (Bank/Credit Union) Account

I/We _____

(Surname or Company/Business Name) (Given Names or ACN/ARBN)

request you until further notice in writing to debit my/our account described in the schedule below any amounts which the Australian Labor Party Queensland Branch (the User) (User ID 064747) may debit or charge me/us through the Direct Debit system.

I/we understand and acknowledge that:

1. The 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 or mandate.
2. The Financial Institution may, in its absolute discretion, at any time by notice in writing to me/us, terminate this Request as to future debits.
3. The User may, by prior arrangement and advice to me/us, vary the amount or frequency of future debits.

(If joint account, all signatures may be required)

Postcode _____

The Schedule

BSB Number _____

Account Number _____

PLEASE NOTE: Direct Debiting is not available on the full range of accounts. If in doubt, please refer to your financial institution.