

AUSTRALIAN NURSING & MIDWIFERY FEDERATION

NORTHERN TERRITORY BRANCH

Application to transfer ANMF NT Branch and Method of Payment Form

Current Branch:		Member No:		DOB:			
Title:	Given Name/s:		Surname:				
Postal Address:							
Suburb:			State:	Postcode:			
Mobile:		Work Phone:		Home Phone:			
Email Home:			Email Work:				
Employer:		Work Place:		Work Area:			
Nursing Qualifications:		RN <input type="checkbox"/>	RM <input type="checkbox"/>	RN/RM <input type="checkbox"/>	EN <input type="checkbox"/>	AIN <input type="checkbox"/>	Student <input type="checkbox"/>

*Direct Debit Request (DDR)

Overdue accounts must be settled prior to commencing Direct Debit.

Authority and Request to debit the account named below to pay the Australian Nursing & Midwifery Federation (Northern Territory Branch)

I/We _____
Name of member(s) giving the DDR

authorize and request the Australian Nursing & Midwifery Federation (NT Branch) APCA User ID 060174 to arrange for funds to be debited from my/our account held at the financial institution identified below, through the Bulk Electronic Clearing System (BECS), subject to the terms and conditions of the Direct Debit Request Service Agreement.

By signing this Direct Debit Request I/we acknowledge having read and understood the terms and conditions governing the debt arrangements between me/us and the Australian Nursing & Midwifery Federation (NT Branch) as set out in this request and in the Direct Debit Request Service Agreement.

Signature _____ Date _____

Name of Financial Institution _____

Financial Institution Address & Branch _____

Account in the Name of: _____
(Please insert exact name)

BSB Number

Account No.

Monthly Fortnightly

*Please see other side for the DIRECT DEBIT SERVICE AGREEMENT which must be read before completing the DIRECT DEBIT REQUEST

ABN 85 434 337 677

Credit Card Authorisation

Name: _____

I hereby authorize the ANMF (NT Branch) to debit my Credit Card periodically for membership fees as specified.

Annually Half Yearly Quarterly

Amount \$ _____

OR

Once only payment of \$ _____

CARD DETAILS

Cardholders Name _____

MasterCard Visa

Card No: _____ Expiry Date: ____/____

Cardholder's Signature _____ Date _____

I hereby authorize the alteration of the amount from the appropriate date in the event of any change in the membership fees. This authority will stand in respect of the above specified credit card issued to me in renewal or replacement thereof, until I notify the ANMF (NT Branch) in writing of the cancellation of this authority.

Membership Rates from January 2020

A 5% discount is included in the yearly rate.

	Credit Card, Cheque or Cash Only			Direct Debit	
	Annually	Half Yearly	Quarterly	Monthly	Fortnightly
Registered Nurse/Midwife	\$644.30	\$339.20	\$169.60	\$56.50	\$26.10
Enrolled Nurse	\$524.70	\$276.15	\$138.10	\$46.05	\$21.20
AIN/CERT 3	\$261.75	\$138.45	\$69.20	\$23.05	N/A
Aged Care RN	\$560.75	\$295.15	\$147.55	\$49.20	\$22.70
Aged Care EN	\$457.15	\$240.55	\$116.80	\$40.05	\$18.45
Aged Care AIN/Cert 3	\$244.00	\$137.90	\$65.20	\$21.20	N/A
Non Practicing**	\$80.00	N/A	N/A	N/A	N/A

e.g. Parental Leave, Retired

AUSTRALIAN NURSING & MIDWIFERY FEDERATION NT BRANCH

MEMBER DIRECT DEBIT REQUEST SERVICE AGREEMENT

- Debiting Your Account,** The Australian Nursing & Midwifery Federation (NT Branch) shall debit an amount, varied from time to time, as currently set out in the membership fee schedule.
- Monthly direct debits are transacted on the last Thursday of the month.
 - Fortnightly direct debits are transacted on the Thursday of the Public Sector pay week.
 - If the due date for payment falls on a public holiday, the payment will be processed on the next business day.
- Changes by Us** ANMF NT Branch may vary any details of this agreement at any time by giving you at least fourteen (14) days written notice. This is normally via the bi-monthly NT Branch Newsletter.
- Changes by You** To stop, defer or vary your direct debits you must give ANMF NT Branch at least fourteen (14) days notice. Notice can be given by:
- Emailing us at membership@anmfnt.org.au
 - Visiting our office at 16 Caryota Crt COCONUT GROVE NT 0810
 - Mailing your written correspondence to the Membership Officer, ANMF NT Branch, PO Box 42533, CASUARINA NT 0811.
- Your Obligations** Not all accounts are available for direct debiting through the Bulk Electronic Clearing System (BECS). Your BSB and Account details should be checked against a recent statement from your Financial Institution. If you are in any doubt, you should check with your Financial Institution before completing the direct debit request form.
- It is your responsibility to ensure sufficient cleared funds are in the nominated account, by the due date, to cover the debit payment due.
- It is also your responsibility to check your account statements regularly to ensure debits are taking place by the due date and for the correct amount, to ensure continued membership. You must notify the ANMF NT Branch immediately if there is any error.
- For returned unpaid transactions (failed direct debits), the following procedures or policy will apply:
- An attempt to contact you for further instructions shall be made; however, if we cannot contact you we may debit your account for the unpaid transaction amount the following month/fortnight on top of the regular payment plus the failure fee, if we have not been advised otherwise by you.
 - ANMF NT Branch are charged a fee if the direct debit fails. This will be passed onto you.
 - If the direct debit fails twice, without a valid reason or notifying us, you will no longer be able to pay by direct debit and will have your method of payment changed to invoicing until otherwise advised.
- Confidentiality** All customer records and account details will be kept private and confidential to be disclosed only at the request of the member or Financial Institution in connection with a claim made to an alleged incorrect or wrongful debit.
- Dispute Mechanism** Any queries regarding an error in debiting your account should be made to ANMF NT Branch, in the first instance, on 08 8920 0702. If we conclude, as a result of our investigations, that your account has been incorrectly debited, an adjustment will be credited to your account on the next debit day due following the date of the resolution of your dispute.