

CSR, HOLCIM, WILMAR, and VIRIDIAN STAFF ASSOCIATION
 known as
SALARIED STAFF UNITED
Payment Authority

TELEPHONE: (07) 3667 7477
 EMAIL: support@salariedstaffunited.zohodesk.com.au

PO Box 292 NARANGBA QLD 4504
www.salariedstaffunited.com.au

To the Company Payroll Department and the Executive Council of Salaried Staff United

I, the undersigned, being an eligible salaried employee of _____ hereby request subscription fees to be paid as detailed below and I and I agree to observe and be bound by the rules of Salaried Staff United for the time being and all regulations validly made thereunder.

*Note: This a digitally editable form.
 If you need a paper form to complete
 please download the printable version*

APPLICANT DETAILS

Title		Type title if not listed
First Name		
Last Name		

Company	Employee No.
Employee Position	
Business Unit	

SSU Member number	
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AUTHORITY FOR SUBSCRIPTION PAYMENTS

CHECK ONE (1) BOX ONLY (Salary deduction is default) Select either Salary Deduction or 1 invoice option

SALARY DEDUCTION

I hereby authorise and direct my Employer, _____ Payroll to deduct from my salary and pay to Salaried Staff United my membership subscription fee based on my relevant pay period: Currently \$30.00 per month or \$13.85 per fortnight or \$6.92 per week (Total \$360.00 per annum including GST) (amount may change as and when advised by SSU)

OR INVOICED PAYMENT	Annual	OR	Quarterly	OR	Monthly
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INVOICED PAYMENT INSTRUCTIONS

I agree to make subscription payments upon receipt of SSU invoice in accordance with the instructions below:
 Where the option to pay on invoice has been selected on this application, an SSU invoice will be issued to the applicant in accordance with SSU Rules. Membership subscription will be invoiced for payment in advance and pro-rata to the end of the selected payment period as per the Applicant's selection.
 Annual invoices will be issued thereafter on the 1st of June, being payable by 30 June each year.
 Quarterly and monthly invoices will be issued thereafter at the commencement of the new payment period, payable immediately.
 Where a new member requires immediate support for an existing issue, payment will be invoiced for an amount as per the Association Rules.

This authority shall remain in force until either it is cancelled by me in writing or I notify the Secretary Salaried Staff United in writing that I no longer want to be a member. I acknowledge that my employer, _____ shall not be responsible for the application of such monies by Salaried Staff United.

*If you are unable to add your ink or digital signature,
 please type name and date*

Date: _____

Signature: _____



Office Use: