



**Queensland Fire and Rescue
Senior Officers Union of Employees**

Union Subscriptions Payment Authority Form

Direct Debit Request

Surname: _____ **First Name:** _____

Address: _____

City: _____ **Postcode:** _____

Phone: _____ **Mobile:** _____

Private Email: _____

Employee #: _____ **Region:** _____ **Rank:** _____

I hereby authorise The Queensland Fire and Rescue – Senior Officers Union of Employees to deduct subscriptions and/or levies (as varied by the Executive Council from time to time in accordance with the rules of the union) every fortnight on a Thursday through the Bulk Electronic Clearing System (BECS).

Date to Commence Deductions: _____

Name of Financial Institution: _____

BSB No: _____ **Account No:** _____

Branch: _____ **Account Name:** _____

By signing this Direct Debit Request you authorise the QFR – SOUOE to debit the account nominated

Signature: _____ **Date:** / /

Please email this form to SOU Treasurer.

QFR- SOU, PO Box 217 Lutwyche Qld 4030. www.qfr-sou.asn.au

Authorised by State Secretary, Queensland Fire and Rescue – Senior Officers Union of Employees