



Victorian Branch TAX INVOICE

To the Australian Principals Federation Victorian Branch President: I wish to apply for membership of the Federation and upon joining I agree to be bound by the Rules of the Federation. I declare that the information provided by me in completing this application is true and correct. I understand that if I wish to resign my membership at any time I must do so in writing. Membership is for a calendar year from 1st January in each calendar year.

Pro rata membership will apply after the 1st January paying through until the end of the current membership year at the appropriate rate

Signature: _____

Date: _____

Personal Details (please print):

Credit Card Authority: \$696.00 pa

Family Name: _____

Ongoing \$58.00 pcm

Given Name: _____

Mastercard Visa

Date of Birth: _____

Card No: _____

Residential Address: _____

Expiry Date: _____

Suburb: _____ State: _____ Postcode: _____

Card holder Name: _____

Residential Phone: _____

I/we agree to the following:

Mobile Phone: _____

- As a member of the APF I hereby request you to debit the credit card nominated with such amount as the APF may determine as my annual membership subscription.
I will contact the APF upon the changing of credit card details, such as expiry date, credit card number and contact details.
This authority is to remain in force until details are changed or cancelled in writing by the undersigned.

Email address: _____

School Name: _____

School Address: _____

Suburb: _____ Postcode: _____

Job Title: _____ TO Number: _____

Signature: _____ Date: _____

Business phone: _____

Direct Debit Request: \$58.00 (Monthly Deduction) Customer's Authority

Business fax: _____

Name of Customer giving the DDR:

I _____

Until further notice the membership fee shall be \$696.00 inc GST per calendar year, payable in advance. Please Note:

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Request and authorise the Australian Principals Federation (APF) Debit User ID 244003 to arrange, through the Bulk Electronic Clearing System (BECS) from an account held at the financial institute identified below and paid to the APF, subject to the terms and conditions of the Direct Debit Service Agreement (see reverse)

PLEASE CHOOSE ONE METHOD OF PAYMENT ONLY

Monthly Direct Debit or Credit Card ongoing \$58.00 pcm

Details of Account to be Debited (all details must be supplied)

SmartSalary Packaging- Please contact SmartSalary on 1300550056 or www.smartsalary.com.au

Name of Financial Institution: _____

Cheque ,Credit Card or EFT \$ 696.00 pa.

Account Name: _____

Electronic Funds Transfer: \$696.00 pa. Please Note

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BSB NO: _____ Account No: _____

Please find below our banking details for Direct Transfer. Please include your full name on the transfer.

Signature: _____ Date: _____

BSB: 083 355

To cancel your direct/credit card authority, please advise us in writing and forward to the address below or email astefani@apf.net.au

Account Number: 04 807 5220



Direct Debit Request Service Agreement-Victorian Branch

1. Debiting your account

1.1 By signing a direct debit request you have authorised us to arrange for funds to be debited from your account and agree to be bound by the terms and conditions of this Agreement.

1.2 We will debit your account for the amount authorised on the Direct Debit Request on the following Debit Days: on the first of the month after this request is received and annually thereafter on the 1st day of the month that your membership expires.

1.3 If the debit day falls on a day that is not a banking day, we may direct your financial institution to debit your account on the following banking day. If you are unsure about which day your account has or will be debited you should ask your financial institution.

2. Change by us

2.1 We may vary any details of this agreement or a Direct Debit Request at any time by giving you at least (14) day's written notice.

3. Changes by you

3.1 Subject to 3.2 and 3.3, you may change the arrangements under a Direct Debit Request by contacting us on 03 85667627 or apf@apf.net.au.

3.2 If you wish to stop or defer a debit payment you must notify us in writing at least 14 days before the next debit day.

3.3 You may also cancel your authority for us to debit your account at any time by giving us 14 days notice before the next debit day.

4. Your obligation

4.1 It is your responsibility to ensure that there are sufficient clear funds available in your account to allow a debit payment to be made in accordance with the Direct Debit Request.

4.2 If there are insufficient funds in your account to meet a debit payment:

(a) you may be charged a fee and/or interest by your financial institution;

(b) you may also incur fees or charges imposed or incurred by us; and

(c) you must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by the agreed time so that we can process the debit payment.

4.3 You should check your account statement to verify the amounts debited from your account as correct.

5. Dispute

5.1 If you believe that there has been an error in debiting your account, you should notify us directly on 03 85667627 or apf@apf.net.au and confirm that notice in writing to us as soon as possible so that we can resolve your query.

5.2 If we conclude as a result of our investigations that your account has been incorrectly debited we will respond to your query by arranging for your financial institution to adjust your account accordingly. We will also notify you in writing of the amount by which your account has been adjusted.

5.3 If we conclude as a result of our investigations that your account has not been incorrectly debited we will respond to your query by providing you with reasons and any evidence for this finding.

5.4 Any queries you may have about an error made in debiting your account should be directed to us in the first instance so that we can attempt to resolve the matter between us and you. If we cannot resolve the matter you can still refer it to your financial institution which will obtain details from you of the disputed transaction and may lodge a claim on your behalf.

6. Accounts

You should check:

(a) with your financial institution whether direct debiting is available from your account as direct debiting is not available on all accounts offered by financial institutions.

(b) your account details which you have provided to us are correct by checking them against a recent account statement; and

(c) your financial institution before completing the Direct Debit Request if you have any queries about how to complete the *Direct Debit Request*.

7. Confidentiality

7.1 We will keep any information (including *your account* details) in *your* direct debit request confidential. We will make reasonable efforts to keep any such information that we have about *you* secure and to ensure that our employees or agents who have access to information about *you* do not make any unauthorised use, modification, reproduction or disclosure of that information.

We will only disclose information that we have about *you*:

(a) to the extent specifically required by law; or

(b) for the purpose of this agreement (including disclosing information in connection to any query or claim).

8. Limitation of Liability

8.1 Subject to and to the extent permitted by applicable law, under no circumstances shall we be liable to you for any loss or damage that you may suffer arising from the debit arrangements set out in the Agreement, even if we have been advised of the possibility of such loss or damage occurring.