



PUBLIC SERVICE & COMMERCIAL UNION of South Africa

# PSCU MEMBERSHIP APPLICATION AND DATA UPDATE DEBIT ORDER FORM

 Information Update  
 New member

Email to [membership@pscusa.co.za](mailto:membership@pscusa.co.za)

## MEMBER PERSONAL INFORMATION

Title		ID Number:		Date of Birth:		Gender:	M	F
First Names:								
Surname:				Language:				
Marital Status:				Postal Address:				
Physical Address:								
	Postal Code:				Postal Code:			

## CONTACT DETAILS

Tel Number (work):		Mobile:	
Tel Number (home):			
Email Address:			

## EMPLOYMENT INFORMATION

Employer Name:											
Persal No./Salary No.						Occupation (e.g. nurse)					
Monthly Salary: Work											
Physical Address											
Building Name:						City:					
Street Name:											

## DEBIT-ORDER MANDATE

### BANKING DETAILS

Account Holder:											Bank Name						
Bank Name:											Branch Name/Code:						
Account Number:						Account Type:						Action Date:					

### BANK DEBIT-ORDER COMMENCEMENT DATE: \_\_\_\_\_ FOR THE AMOUNT OF R \_\_\_\_\_

**AUTHORITY:** I/We hereby authorise you to issue and deliver payment instructions to your banker for collection against my/our above-mentioned account at my/our above mentioned bank (or any other bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commences after the above-mentioned commencement date. The individual payment instructions so authorised to be issued must be issued and delivered as follows: On the above-mentioned Deduction Date of each and every month commencing on the above-mentioned commencement date. In the event that the payment day falls on a Sunday or recognized South African public holiday, the payment day will automatically be the very next ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account. I /We understand that the withdrawals hereby authorised will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement or on an accompanying voucher. Such must contain a number which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. This number is added to this form (PSCU Member Number) before the issuing of any payment instruction and communicated to me directly after having been completed by you.

**MANDATE:** I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned bank as if the instructions had been issued by me/us personally.

**CANCELLATION:** I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

**ASSIGNMENT:** I/We acknowledge that this authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party. The abbreviated name that will reflect on the bank statement is: **PSCU**

**PERSAL STOP ORDER AUTHORITY:** I, the undersigned, hereby apply for membership of the PSCU (Public Service & Commercial Union of South Africa) requesting and authorising employer's accounting officer at the same time to deduct from my salary the applicable PSCU Membership Fee (as approved by the NEC), which covers my membership fee to the PSCU, starting from the DEBIT-ORDER COMMENCEMENT DATE and continue deducting the said amount monthly until my further written notice.

Signed at: \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

X

Signature of Member

### FOR PSCU OFFICE USE ONLY

Recruiter Name											
Designation											
ID Number:						VAT number					
Cell Phone Number						Landline					