



MEMBER REGISTRATION FORM

Please debit my account in the amount of R _____ on the 1st day of each month as from _____ (date) as membership subscription to SACU.

**Select amount linked to membership chosen. See below.*

Bank Debit Order Instruction

Title:

Full Names:

Surname:

ID No:

Work Tel. No:

Mobile No:

Email (work):

Email (home):

Account Details (The reference indicated on your bank statement will be: SACU SagePay)

Account name:

Bank:

Branch:

Branch Code:

Account No:

Debit order on: The first (1st) of: _____ (month)

Account Type:

Transmission

Savings

Transmission

- I/we agree that 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 agree to pay any charges related to unpaid/returned items.
- 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.
- 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 I / We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.
- I/We hereby give authority for the monthly deduction of my membership contribution to SACU (South African Communications Union) be deducted from the above account by Optivest Health Services (Pty) Ltd using the SagePay system.
- I / We acknowledge that this Authority may be ceded to 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.

Account Holder's Signature:

Date:

__ / __ / ____

**Select membership offer:*

- Full SACU membership and representation – **R83**
- Individual membership: (Partial benefit plus CCMA representation after being a member for 6 months) – **R75**
- Partial membership: (Telephonic advice and Funeral Cover for you and your immediate family) – **R55**

SOUTH AFRICAN COMMUNICATIONS UNION (SACU)

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