

NATIONAL WORKERS' UNION

43 Fifth Street, Barataria, Trinidad and Tobago

CHECK-OFF AUTHORISATION FORM

Please use **BLOCK CAPITALS**

ABOUT THIS FORM

It is important that you pay your contributions regularly otherwise your membership will lapse and you will not have the protection of the Union. By completing this Authorisation Form, you are giving permission for your employer to deduct Union contributions from your wages/salary and forward them to the Union.

YOUR DETAILS

Your Name	[Please use Block Capitals]
Your Work location	[Please use Block Capitals]
Your payroll number [if known]	

YOUR EMPLOYER'S DETAILS

Name of your Employer	[Please use Block Capitals]
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YOUR AUTHORISATION

I [insert your name] _____ authorise the deduction of **NATIONAL WORKERS' UNION** contributions from my salary/wages at the rate of **1.5% of my gross basic pay** (or at some other rate determined by the Union in accordance with its Rules) on each pay day and for this to be forwarded to the Union.

I also authorise my employer to provide to the **National Workers' Union** the information necessary to keep my Union records up to date.

Thank you. Now sign your Application Form ...

Your Signature		Date	
Witness signature		Date	

On completion of this form ...

... return it to the **National Workers' Union** along with your Application Form. Your Branch Officers will help you with this. We will ensure that your Union records are updated and then forward your Authorisation Form to your employer.

ACTION BY THE EMPLOYER

Please forward these contributions, together with a schedule giving details of the name of the worker, the contributions paid and the period which the payments cover, to the Head Office of the Union or some other location authorised by the Union.



The **National Workers' Union** keeps your records on a computerised database. We guarantee that this information will be maintained in accordance with any current Data Protection legislation.