

CEPU Plumbing Division (NSW)

ABN: 85 656 451 687

Shop 1, 111 McEvoy Street

ALEXANDRIA NSW 2015

Tel: 02 9280 1512, Fax: 02 9280 3415



PAYROLL DEDUCTION AUTHORITY FOR UNION CONTRIBUTIONS- WEEKLY

TO THE PAYROLL OFFICER

(Insert Name of Company Below)

.....
I am a member of the CEPU Plumbing Division (NSW Branch). My membership commits me to the payment of contributions and I authorise you to deduct from my wages the amount of per week commencing with the first pay period after the receipt of this authority and pay such sum to the CEPU Plumbing Division (NSW Branch) at Shop 1, 111 McEvoy Street, ALEXANDRIA NSW 2015

Should the amount of the Union subscriptions be altered in accordance with the Rules of the Union then this authority shall extend to and cover the altered contribution. I authorise you to accept from time to time, notification from the Union, that the contribution under which I am covered has been varied to a sum specified and request that this should be acted upon.

This authority shall be deemed to remain in full force and effect until written notice of revocation is given by me.

NAME

ADDRESS

DATE..... UNION NUMBER.....

EMPLOYEE SIGNATURE..... Date.....

WITNESS NAME..... Sign..... Date.....

NB: Only complete if in arrears with Union dues:

As I am in arrears with my Union Fees I authorise you to deduct from my wages a further amount of per week, making a total of per fortnight to be deducted until notified by myself to drop the deduction rate to the lower amount of per week as stated above.

.....DATE;.....

.....DATE:.....

(Signature of Member)

(Signature of Witness)