



UNITY WORKERS UNION

AUTHORISATION FORM

I, the undersigned, hereby authorise and request my employer

(Name of Employer in Block Letters)

to deduct from my salary (monthly/bi-monthly/weekly*) an amount equal to the current monthly dues as established from time to time by the Union and credit same to the account of Unity Workers Union.

** delete which does not apply*

Name of Member

National Registration Number

Tin Number

Signature of Member

Date: ____/____/____

dd mm yyyy