



COMMUNICATIONS WORKERS' UNION

RETIRED MEMBERS SECTION APPLICATION FORM

I wish to apply for membership of the Communications Workers' Union Retired Members Section:

BRANCH: _____

STAFF NO.: _____

MEMBERS' NAME: _____ (Please print)

MEMBERS' SIGNATURE: _____

HOME ADDRESS: _____ (Please print)

CONTACT NO.: _____

EMAIL ADDRESS: _____

PLEASE RETURN COMPLETED FORM, TOGETHER WITH DEDUCTION AT SOURCE FORM TO:

Adrienne Power, Membership Section, CWU, Exchequer Chambers, 19-23 Exchequer Street, Dublin 2



COMMUNICATIONS WORKERS' UNION

Form of Authorisation for Deduction of Subscriptions from Pension

RETIRED MEMBERS SECTION

State which company: _____
(i.e. An Post / Eircom / Other)

Until further notice and commencing on _____, please deduct **€1.00 per week** from my pension in respect of my contribution under the Scheme of Deductions of Subscriptions to Staff Associations, and pay that amount to the Communications Workers' Union, 575 North Circular Road, Dublin 1.

I recognise that these deductions, being made solely as a measure of convenience to me, may be terminated at any time.

I also recognise that the ultimate responsibility for ensuring that the deductions have in fact been made from my pay rests with myself and that, beyond making remittances on foot of sums deducted for credit to the account of my Union, the Company accepts no responsibility of any kind in this matter.

STAFF NO.: _____

PENSION NO.: _____

SIGNATURE: _____

NAME: _____ (Block letters)

DATE: _____

Note: When completed this form should be returned to:

**General Secretary, Communications Workers' Union, Exchequer Chambers, 19-23
Exchequer Street, Dublin 2**



COMMUNICATIONS WORKERS' UNION

RETIRED MEMBERS SECTION

Direct Debit Instruction

Please complete parts 1 to 4 to instruct your Bank/ Building Society to make payments directly from your account. Then return the form to: **General Secretary, Communications Workers' Union, 575-577 North Circular Road, Dublin 1**

<i>Office Use Only</i>	Originator's Identification No.	3	0	4	9	7	9
	Originator's Reference						

1. Please write the name and full address of your Bank/ Building Society and Branch:

Bank/ Building Society Branch
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2. Name of account holder _____

3. Sort Code &

Account Number

		-			-		

4. Your instructions to the Bank/ Building Society, and your Signature

- I instruct you to pay Direct Debits from my account at the request of the CWU.
- I confirm that the amounts to be debited are variable and may be debited on various dates.
- I shall duly notify the Bank/ Building Society in writing if I wish to cancel this instruction. I shall also notify the CWU of such cancellation.

THE DIRECT DEBIT GUARANTEE

- This is a guarantee provided by your Bank/ Building Society as a member of the Direct Debit Scheme, in which Banks/ Building Societies and the CWU participate.
- If you authorise payment by Direct Debit, then
 - The CWU will notify you in advance of the amounts to be debited to your account
 - Your Bank/ Building Society will accept and pay such debits, provided that your account has sufficient available funds
- If it is established that an unauthorised Direct Debit was charged to your account, you are guaranteed a prompt refund by your Bank/ Building Society of the amount so charged.
- You can cancel the Direct Debit Instruction in good time by writing to your Bank/ Building Society.

Signature _____ Date _____