

AUTHORISATION FORM

The undersigned employee grants authorisation for the employer to deduct union dues directly from his or her pay. This agreement is in force from the first day of the month following the date on which the employer representative signed this document until further notice or up to the date of termination of the employment relationship. The employee may terminate this contract with the cancellation taking effect at the end of the next full deduction period.

The employer will deduct the union dues from the gross salary that is subject to withholding tax according to a percentage basis determined by the trade union. The percentage basis for deductions is determined for one calendar year at a time and it is not possible to alter it during this period. **Please note, that this form is not a membership application.** If you are not yet a member of the union, please fill out an online membership application form and wait for it to be processed.

Authorisation **Employer**

Authoriser **Last name** **First names**

Personal identity number

_____ - _____

Street address

Postal code and city

Occupation

Type of employment

fixed-term

permanent

Membership in other Akava branch

Payment details **Recipient of union dues**

FINNISH UNION OF UNIVERSITY RESEARCHERS AND TEACHERS

Union/local branch number

181 / _____

Basis of amount

_____ % of gross salary

Bank account details

IBAN account number

SWIFT-BIC

Helsingin OP

FI77 5541 2820 0123 01

OKOYFIHH

Nordea

FI45 1011 3000 2139 82

NDEAFIHH

Signatures **The employee has issued this authorisation**

_____ / 20__

Location and date

Signature

The employer representative has received this authorisation

_____ / 20__

Location and date

Signature

EMPLOYER:

Please send a copy of the authorization form to jasenpalvelu@tieteentekijat.fi or by mail to:

Tieteentekijät / jäsenrekisteri
 Rautatieläisenkatu 6, 00520 Helsinki