

## financial services union

**ONWARDS TOGETHER** 

PAY PENSIONS HEALTH AND SAFETY JOB SECURITY STRESS AND WELLBEING COLLECTIVE / INDIVIDUAL ADVICE GUIDANCE TRAINING PERFORMANCE MANAGEMENT SUPPORT REWARD #JOINFSUIRELAND

Providing support and expertise on the issues that matter to you

www.fsunion.org

**APPLICATION FORM** PLEASE USE BLOCK CAPITALS PLEASE COMPLETE **ALL SIDES** 

Surname:  Forename(s):  Staff Number:  Sex: Male    Female    Date of Birth:	CURRENT STATUS  Permanent Full-time  Temporary Agency Permanent Under 25 Hours: Weekly Other If other please specify:
Home address:  Home Telephone:	MEMBER OF ANOTHER TRADE UNION?  Currently: Yes  No    If yes, please specify:
Work Telephone:	Notified you wish to leave? Yes No Previously: Yes No Date membership ceased:
Work Email:	bute membership eeuseu.
Have you ever been a member of IBOA /FSU previously?  Yes  No    Employer:  Date First Employed:  Date Made Permanent:  Work Location / Base:  Current Grade / Job Title:  Paid: Weekly  Monthly	I wish to become a member of the Financial Services Union. I agree to be bound by the rules of the Union and to the processing of data for the purpose of furthering the objectives of the Union:  1. Data will be acquired and managed fairly and used for legitimate purposes for the benefit of our members. 2. FSU confirms it will comply with GDPR Regulations. See our Privacy Policy on www.fsunion.org 3. FSU has written contracts with all third parties who commit to manage data in line with GDPR regulations.  Signature:
D BE COMPLETED BY UNION REP / MEMBER	Date:  I hereby give authorisation for my FSU subscription (where
Recruited by:  Staff Number:	applicable) to be deducted from my salary each month.  Signature:
Work Location:  Signature:	Date:
Jigilatare,	

## INSTRUCTION TO YOUR BANK TO PAY DIRECT DEBIT



PLEASE USE **BLOCK CAPITALS** 

Please complete parts 1 to 4 to instruct your bank to make payments directly from your

\*PLEASE NOTE Original direct

account. Then return the form to Financial Services Union, Stephen Street Upper, Dublin 8, D08 DR9P	debit mandate must be returned
Please write the name and full po- address of your bank and branch	stal
2 Name of account holder	
3 Sort Code	
4 Account Number	
(Please ensure your bank account number is correct direct debit facility. Banks may refuse to accept inspay direct debits from some types of account).  Direct Debit Guarantee  • This Guarantee is offered by all banks and building accept instructions to pay Direct Debits  • If there are any changes to the amount, date or freyour Direct Debit Financial Services Union will notine advance of your account being debited or as offered the amount and date will be given to you at the time. If an error is made in the payment of your Direct Deservices Union or your bank or building society, you full and immediate refund of the amount paid from building society  • If you receive a refund you are not entitled to, you when Financial Services Union asks you to  • You can cancel a Direct Debit at any time by simply or building society. Written confirmation may be renotify us.	g societies that equency of advance of ify you 10 working days nerwise agreed. If you ent, confirmation of me of the request rebit by Financial bu are entitled to a m your bank or u must pay it back y contacting your bank
Signature:	
Date:	
For official use only: ID No: Financial Services Union	