

APPLICATION FORM

PLEASE USE BLOCK CAPITALS

Surname:.....

Forename(s):

Staff Number:..... Gender:

Date of Birth:.....

Home address:.....

.....

Mobile Telephone:

Work Email:

Personal Email:

CURRENT STATUS

Permanent Full-time ☐ Temporary ☐ Agency ☐

Permanent Under 25 Hours: Weekly ☐ Other ☐

If other please specify:.....

Have you ever been a member of IBOA/IFSU previously?

Yes ☐ No ☐

Employer:

Work Location / Base:

Current Grade / Job Title:

Paid: Weekly ☐ Monthly ☐

TO BE COMPLETED BY UNION REP / MEMBER

Recruited by:

Staff Number:.....

Work Location:

Signature:

TO BE SIGNED BY APPLICANT

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 is compliant with all GDPR regulations. (See our Privacy Policy at www.fsunion.org)
3. FSU has written contracts with all third parties who commit to manage data in line with GDPR regulations.

I hereby give authorisation for my FSU subscription (where applicable) to be deducted from my salary each month.

Signature:

Date:.....

If you work in BOI, AIB or UBL your signature here is sufficient authorisation and there is no requirement for the SEPA DD Mandate.



FSU Advice Centre are staffed by a dedicated team who are ready to provide members with a first-class information and advice service that supports you in your workplace.

Our aim is to protect the rights and interests of our members, to listen to your employment related queries, to be an important source of information, and to support you in your workplace.

We strive to build on our proud history of excellence and service. We have years of experience helping our members with workplace disputes such as bullying/victimisation, maternity/paternity rights, disciplinary/grievance procedure, health & safety.

If you have a question or are unsure of your rights, if you need support or representation, freephone
ROI 1800 81 91 91 / NI 0800 358 0071
or email us at advice@fsunion.org

financial
services
union

INSTRUCTIONS 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 account. Then return the form to Financial Services Union, Stephen Street Upper, Dublin 8, D08 DR9P

***PLEASE NOTE**
Original direct
debit mandate
must be returned

1) Please write the name and full postal address of your bank and branch

.....
.....
.....
.....

2) Name of account holder

.....

3) Sort Code

.....

4) Account Number

.....

(Please ensure that your bank account number is correct and has a direct debit facility. Banks may refuse to accept instructions to pay direct debits from some types of account).

Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of advance of your Direct Debit Financial Services Union will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Financial Services Union to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by Financial Services Union or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society
- if you receive a refund you are not entitled to, you must pay it back when Financial Services Union asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

Signature:

Date:

For official use only:
Financial Services Union

ID No:

Ref: