

Bank Standing Order Only
NOTIFICATION OF CHANGE OF EMPLOYER

To be used solely by an existing Fórsa member transferring to a new employment/payroll section

Personal Details

(Include name as used by your employer on your payslip)

Surname:**First Name(s):****Also known as:**

(If different from above)

Home/Contact Address**L1:****L2:****L3:****L4:****Eircode:****Membership Number:** (If known)**Daytime phone number:****Mobile:****Email:****Union Branch** (Do not use abbreviation)**Name of previous branch:****Name of new branch:**

(If different from above)

New Employment Details (Do not use abbreviation)**Employer:****Department/Section:****Workplace Address****L1:****L2:****L3:****L4:****Eircode:****Grade/Job category:****Date commenced:**

(dd/mm/yyyy)

Payroll/Staff Number:**School Roll Number:** (If applicable)**Previous Employer Details** (Do not use abbreviation)**Employer:****Workplace Address****L1:****L2:****L3:****Eircode:****Payroll/Staff Number:****School Roll Number:** (If applicable)

I hereby apply for membership of the Fórsa Trade Union. I undertake to abide by the Union rules and decisions taken in accordance with these rules. I confirm that the information provided above is correct to the best of my knowledge. I acknowledge that my entitlement to assistance from the union arises only from the date of joining the union and only in respect of issues arising on or after that date.

Signed:**Date:**

(dd/mm/yyyy)

Please check that you have fully completed and signed this form. Then post it to:
Membership Applications, Fórsa, Nerney's Court, Dublin 1 D01 R2C5.

STANDING ORDER**To: The Manager****Name of Bank:****Address of Bank:****Account Name(s):**

(include both names where joint account)

BIC:**IBAN:**

I/We authorise and request you to debit my/our

(type of) account the sum of €

commencing

on / /20 (date) and payable monthly thereafter and to credit this amount to **Fórsa Trade Union** at the bank account, and number and payee reference number specified below, until further notice in writing. I understand that the bank shall not be under any liability for damage or loss caused by any omission to make these payments.

This standing order is in substitution for any other standing order to Fórsa being paid from the above account

Signed: (i)**Date:**

(dd/mm/yyyy)

Signed: (ii)**Date:**

(dd/mm/yyyy)

FÓRSA ACCOUNT DETAILS**For Head Office Use Only:****To be completed by Fórsa Head Office before transmission to members bank****Fórsa Account Name:** Fórsa Trade Union Subscriptions**Bank:** AIB plc**BIC:** AIBKIE2D**IBAN:** IE75AIBK 93208689340740**Bank Address:** 7/12 Dame Street, Dublin 2**Payee Reference Number:**

Note: The completed form should be forwarded by the member or membership applicant, as appropriate, to Fórsa Head Office for insertion of your reference number and onward transmission to your bank.

TO BE COMPLETED BY THE BRANCH

Members Surname:

Members First Name(s):

Branch:

Date approved: (dd/mm/yyyy)

The above named has been approved as a member by the above branch.

Signed:

Branch Position:

Phone Number: (08nnnnnnnn)

FOR FÓRSA HEAD OFFICE USE ONLY

Date standing order mandate sent to bank: (dd/mm/yyyy)

Processed by:

Date: (dd/mm/yyyy)



A copy of the data protection arrangements covering the reasons for particular questions on this form and the uses by the union of this data is available on request from any Fórsa office and on the union's website: www.forsa.ie