**AUTHORISATION FOR DEDUCTION OF UNION SUBSCRIPTIONS**

TO: PAYROLL & CLAIMS

MINISTRY OF EDUCATION

1 NORTH BUONA VISTA DRIVE

SINGAPORE 138675

THROUGH: THE GENERAL SECRETARY

 SINGAPORE TEACHERS’ UNION

 583 SERANGOON ROAD

 SINGAPORE 218197

I, the undersigned, a member of the Singapore Teachers’ Union, request and authorise you to deduct from my monthly salary and/or annual supplement, as the case may be, such union dues as are payable by me in accordance with my Union’s Constitution and as are notified to you from time to time by my Union and to remit the same to my Union.

This authorisation is valid from\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date). If I wish to stop such deduction, I shall inform you in writing through my Union giving you six months advance notice.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF MEMBER

Name of Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NRIC No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School / Branch Attached To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the presence of:

Signature of witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_