

IMPACT

Serving those who serve the public

Nerney's Court, Dublin 1.

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General Secretary: Peter Mc Loone

PM/jk

December 2008

Dear Member,

Following agreement with the Department of Education & Science, we are now in a position to arrange for the deduction of IMPACT subscriptions (0.8%) directly from your salary. In order for this to take place you must

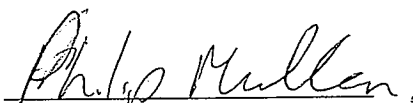
- 1) **Fully complete and sign the attached Form A authorizing the deduction.**
- 2) **Fully complete and sign the attached letter so that your direct debit can be cancelled with your bank.**

This is vital to ensure that you are not paying on the double.

Please return the two completed documents to

**Special Needs Assistants Branch
IMPACT Trade Union
Nerney's Court
Dublin 1**

Yours faithfully


PHILIP MULLEN
Assistant General Secretary

FORM A



AUTHORISATION FOR EMPLOYER TO DEDUCT UNION SUBSCRIPTIONS

TO: Dept. of Education and Science

Please deduct the IMPACT Union subscription, at the rate determined from time to time in accordance with the Rules of the Union, from my salary/wages and to pay this amount to IMPACT on my behalf. Please commence this deduction as soon as possible and continue it until further written or electronic notice either from me or IMPACT, as appropriate.

I further request you to reinstate the deduction of my Union subscriptions to IMPACT following any period of career break or any other unpaid absence from work.

I also authorise you to provide to IMPACT, in paper or electronic format, details of these deductions together with updates of the personal and employment related data set out in the IMPACT membership application form for use by it in connection with my Union membership.

I am paid Weekly Fortnightly Monthly Other
(Please tick appropriate box)

Surname

First Name(s)

Grade:

Employee/Personnel/Pay No:

Employers Pay group (if known)

School: Roll No:

Signed:

Date:

TO BE COMPLETED BY IMPACT

The current rate of union subscription determined in accordance with Union rules for the above member is % of basic salary subject to a maximum subscription based on a basic salary of €..... p.a.

This form should be completed and returned to your IMPACT Representative for transmission to the Employer

(PLEASE USE BLOCK CAPITALS OTHER THAN FOR SIGNATURES)

Name:
Address:
.....
.....
.....

TO: (Name of Bank)

.....

(Bank address)

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

Account No:
Account Name(s):
Bank Sort Code:

Please cancel the standing order payable by me/us to IMPACT Trade Union with immediate effect. Thank you.

Signed:

[Account holder(s)]

Date:

Note for IMPACT Members:

Please complete and return this form, together with the completed deduction at source form, to your IMPACT representative for onward transmission by the Union to the bank and employer, as appropriate.