

## AUTHORIZATION for deduction of trade union membership fees

\_\_Tampere University Association of Researchers and Teachers (Tatte)\_\_\_\_\_  
Member association

<p>The signatory employee of this form of authority has authorized her/his employer to deduct trade union membership fees from her/his salary. The trade union specifies the annual basis of charging, on the grounds of which the employer will deduct the fees from the employee's monthly gross salary that is subject to advance taxation. The basis of charging will be announced annually as a constant amount in percentage or in euros; this amount cannot be changed during the year. The employer is not responsible for incorrectly announced membership fee information.</p>	
Employer (authorized)	Department, office or enterprise _____ Place of employment _____ Address _____
Employee (authorizer)	Surname _____ Given names _____ Social security number _____ - _____ Home address _____ Title of employment _____ Appointed to a post <input type="checkbox"/> On a fixed term contract <input type="checkbox"/>
Basis of charging	Year _____                      __1.05__ %                      _____ €
The beneficiary of the membership fee	The name of the association _____ Address _____ Bank account: <b>Sampo 800012 – 70424535</b> The number of the association __181/012__
Information about membership	New member in the union <input type="checkbox"/> Change of association <input type="checkbox"/> Change of employer <input type="checkbox"/> The date of implementation of membership ____/____ 20 ____ Membership(s) in other AKAVA union(s) _____
Validity of the authorization	This authorization is valid from the next full deduction period following the employer's date of signature until the cessation of employment. The employee may cancel the authorization to terminate from the end of the next full deduction period following the cancellation.
Signature of the authorization	The employee has given this authorization _____ / ____ 20__ <div style="text-align: center;">_____ place</div> <div style="text-align: center;">_____ signature</div> Signature witnessed by (2) _____
Authorization received	The employer has received this authorization on ____/____ 20__ <div style="text-align: center;">_____ signature</div>
The employer's notations	The field of collective agreement no. _____ New employer <input type="checkbox"/> Change of union <input type="checkbox"/> Change of association <input type="checkbox"/>

**N.B.!** Employer: Membership fee clearances are to be sent to the following address:  
Sampo Pankki Oyj, Järjestöpalvelu, PL 1261, 00075 SAMPO

You will find the instructions for filling in the form of authority from the web site of the Finnish Union of University Researchers and Teachers (FUURT)

[www.tieteentekijoidenliitto.fi](http://www.tieteentekijoidenliitto.fi) – go to > Jäsenmaksut (Membership fees).

The form of authority is to be sent to the employer and/or your own association, depending on the practice of your association. Take a copy of the form for your own records.