

PLEASE USE BLOCK CAPITALS

Surname

Forenames

Initials

**Bank Staff Number
(must complete)**

Marital Status

Title

Sex Male Female

Date of Birth

Private Address

.....

.....

.....

Telephone Number: Home

Work

Mobile

E-mail

IBOA member before Yes No Name of current or
previous Trade Union

Date Membership lapsed

I desire to become a member of the Irish Bank Officials' Association and I agree to be bound by the rules of the said association and to the processing of data for the purpose of furthering the objectives of the union.

I hereby give authorisation for my IBOA membership to be deducted from my Salary each month.

Signature..... Date.....

*Please complete below section before returning***THIS SECTION TO BE COMPLETED BY IBOA MEMBER**

Recruited by.....Bank Staff Number.....(IBOA Member)

Signature

Send completed form to IBOA The Finance Union, IBOA House, Stephen Street Upper, Dublin 8

Date of first entry into Banks service Date of permanent appointment

Bank

Branch/Dept. (where you work)

Sort Code (NSC)

Please state current statusPermanent Full-Time Permanent Part-Time Temporary

Other (please state)

Weekly paid Monthly paid

Current Grade/Job Title

Please state where your A/C is

Sort Code (NSC)

A/C Number

Do you have any special needs Yes No Please state the nature of any accommodations
you may require:
.....**Instruction to your Bank to Pay Direct Debits**

Please complete parts 1 to 4 to instruct your Bank to make payments directly from your account. Then return the form to IBOA

**IBOA The Finance Union
IBOA House,
Stephen Street Upper,
Dublin 8.**IBOA's Identification Number
for official use only

IBOA's Reference

(Maximum 18 characters)

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

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

2. Name of Account Holder

3. Sort Code: Account Number:

*(Please ensure 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.**

4. Your Instructions to the Bank and signature

- I instruct you to pay direct debits from my account at the request of IBOA.
- The amounts are variable and may be debited on various dates.
- I understand that IBOA may change the amounts and dates only after giving me prior notice.
- I will inform the Bank in writing if I wish to cancel the instruction.
- I understand that if any direct debit is paid which breaks the terms of this instruction, the bank will make a refund.

Signature(s)..... Date.....

Please note
original
direct debit
mandate
must be
returned

Send completed form to IBOA The Finance Union, IBOA House, Stephen Street Upper, Dublin 8