UNION FEE COLLECTION AGREEMENT

Ammattiosasto 208 SLSY ry

Name and Number of Local Branch

Surname and Forenames of the Employee												
Identity Code							-					Telephone

EMPLOYER/ EMPLOYER´S REPRESENTATIVE	Name of Employer		Name of Employer´s Representative	
	Street Adress		Street Adress	
	Postcode	Post Office	Postcode	Post Office
	Telephone		Telephone	
	Employer´s Business ID		Collection of Unions Fees begins ____.____20_____	
CONTACT PERSON	Contact Person (in charge of accounting and collection)		Telephone	
DATE AND EMPLOYER´S SIGNATURE	____.____20_____		_____	
			_____ Name in Block Letters and Position	

Note! The employer/payroll clerk must retain a copy of the completed union fee collection agreement!

Please return the agreement to the Union in a closed envelope to keep the employee´s identity code safe.

Return address: Auto- ja Kuljetusalan Työntekijäliitto AKT ry, Jäsenrekisteri, PL 313, 00531 HELSINKI, Puh. 09 613 110.

Safety email: https://safemail.akt.fi osoitteeseen jasenrekisteri@akt.fi

Collection agreement copies

1. Union **2. Employer** **3. Member**