



Health Services Union

PAYROLL DEDUCTION AUTHORISATION

I, Mr/Miss/Ms/Mrs/Dr

Employer:

Employee number:

HSU membership number:

Hereby authorise and request my employer to deduct from my salary and pay to the **Health Service Union – SA \$** or the amount required to maintain me as a financial member in accordance with the Union's rules each pay period.

This authorisation is to remain in force until revoked by me in writing.

Signature Date / / .. .

Complete return form to

HEALTH SERVICES UNION
46 Greenhill Road - Wayville SA 5034
ABN 35 898 865 510