



**Finance Sector Union**  
**Thrift and Credit Co-operatives Society Ltd**  
 P.O.Box 853, 40 Disraeli Road, Suva  
 PHONE : 3301827 Email: [info@fbfseu.org.fj](mailto:info@fbfseu.org.fj)

**AUTHORITY FORM**

I hereby authorize my employer to deduct.....dollars  
 .....cents (\$ ..... ) every fortnight/week from my  
 salary and pay the same to **FSUTACCSL (ANZ Account 5048506)**. Narration of deduction will be as  
 follows: .....

This authority shall not be varied without the consent of the Secretary of the FSUTACCSL.

FULL NAME: .....

EMPLOYER: ..... BRANCH: .....

SIGNATURE: ..... DATE: .....

WITNESS (FULL NAME):..... SIGNATURE: .....



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