



PROFESSORILIITTO
PROFESSORFÖRBUNDET
FINNISH UNION OF UNIVERSITY PROFESSORS

PROXY

for the authority to debit the Union's membership fee

Please, return filled in and signed TO THE UNION scanned or mailed. The Union will send the proxy to the employer.

<p>The employee signing this proxy hereby grants the employer the authority to debit the Union's membership fee from his/her salary. The employer shall debit the membership fee, in accordance with the collection basis provided separately by the Union, from the employee's gross salary that is subject withholding tax.</p>	
Employer (Authorized)	University, research institute, other _____ Department or unit _____ Address _____
Employee (Assignor)	Surname _____ Given names _____ Personal ID number _____ - _____ Home address _____ Post or title _____ Permanent service relationship <input type="checkbox"/> Fixed-term service relationship <input type="checkbox"/>
Recipient of membership fee	Professoriliitto ry (Finnish Union of University Professors) Rautatieäisenkatu 6, 00520 HELSINKI Bank: Nordea IBAN: FI2722983800000342 BIC:NDEAFIHH
Membership information	New member of Union <input type="checkbox"/> Change of workplace <input type="checkbox"/> Membership valid as of ____/____/20____ Member of another Akava union (specify) _____ (dual membership)
Validity of proxy	This proxy is valid from the start of the next full collection period following the date the agreement is signed by the employer until further notice or the end of the employment relationship. The employee may terminate the proxy to end at the close of the next full collection period following the notification of the termination.
Proxy signature	The undersigned employee has granted this proxy in _____ on ____/____/20____ _____ Signature

N.B. The signed proxy is to be sent to the Finnish Union of University Professors. Rautatieäisenkatu 6, FI-00520 Helsinki, or scanned to email professoriliitto(at)professoriliitto.fi. (if you scan, pls leave the personal ID no out for security reasons).

Received by the Finnish Union of University Professors on/...../20.....

Received by the Employer/...../20.....

Signature by the employer's representative