

UNISON SUBSCRIPTION

Refund Form

(This form must be fully completed)

Full Name _____

Branch Name _____

Address _____

Branch No. _____

Membership No. _____

Daytime Tele No. _____

Job Title, Grade & Place of Work _____

Payroll No _____

National Insurance No _____

Employer Name & Address _____

Normal Gross Earnings _____ UNISON Subscription being deducted _____

How long have you been overpaying _____
(please attach evidence for claim ie. pay slips/bank statements/P60 etc. for duration of claim)

Any Other information _____

Are you paid Monthly/Fortnightly/Weekly
(delete as appropriate)

Are you a direct debit payer - paying through your bank Yes/No
(delete as appropriate)

Total rebate claimed £ _____

Signature _____ Date _____

Confirmation Signature ----- Date

Branch Secretary/Treasurer

FOR OFFICE USE ONLY

Refund Period:	Cheque No.
Approved By:	Date of Issue: