



# BERMUDA UNION OF TEACHERS

Seventy-two Teachers' Place  
72 Church Street  
Hamilton HM 12  
BERMUDA

P.O. Box HM 726  
Hamilton HM CX  
BERMUDA

## B.U.T. MEMBERSHIP SAVINGS CLUB CHANGE DETAILS FORM

(USE BLOCK LETTERS TO COMPLETE THIS SECTION)

**Completed forms should be emailed to [info@but.bm](mailto:info@but.bm).**

Name: \_\_\_\_\_

School: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Contact #'s: Home: \_\_\_\_\_ Other: \_\_\_\_\_

Email: \_\_\_\_\_

I, the undersigned, hereby authorize my Employer, to *(please select one of the options)*:

**INCREASE** my monthly savings from \$ \_\_\_\_\_ to \$ \_\_\_\_\_

**DECREASE** my monthly savings from \$ \_\_\_\_\_ to \$ \_\_\_\_\_

The above is to take effect from \_\_\_\_\_ and to continue until such time  
(date)  
that I give notification in writing of any further changes to be made.

**DEFER** my payout for this year and roll over to the following year.

**DELETE MY NAME FROM THE MEMBERSHIP SAVINGS CLUB** - Cease the removal of funds being deducted from my Monthly Pay Cheque effective immediately, and deposit my current contribution into the account below:

Account Name: \_\_\_\_\_

Butterfield  Clarien  HSBC Account #: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



Telephone (441) 292 6515

EDUCATION FOR RESPONSIBILITY

Fax (441) 292 0697

E-mail: [info@but.bm](mailto:info@but.bm)

