



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 ENROLLMENT FORM

(USE BLOCK LETTERS TO COMPLETE THIS SECTION)

Completed forms should be emailed to info@but.bm.

Name: _____

School: _____

Mailing Address: _____

Contact #'s: Home: _____ Other: _____

Email: _____

Bank Account Information (for annual payout):

Account Name: _____

Butterfield Clarien HSBC Account #: _____

I, the undersigned, apply for **MEMBERSHIP** into the B.U.T's. *Membership Savings Club*. I, hereby authorize my Employer, to **WITHDRAW** \$ _____ from my Monthly Pay Cheque effective (*DATE*) _____ and to continue until such time that I give notification in writing of any changes to be made.

CONDITIONS

- ONLY CURRENT MEMBERS OF THE BERMUDA UNION OF TEACHERS ARE ELIGIBLE TO PARTICIPATE IN THE MEMBERSHIP SAVINGS CLUB.
- ALL AUTHORIZED DEDUCTIONS **MUST REMAIN IN THE MEMBERSHIP SAVINGS CLUB ACCOUNT AND ON TIME DEPOSIT UNTIL THE DUE DATE (OCTOBER)**.
- YOU WILL RECEIVE TOTAL DEDUCTIONS FROM OCTOBER (OR ENROLLMENT DATE) TO SEPTEMBER IN ANY GIVEN YEAR.
- PAYMENTS WILL BE MADE THE LAST WEEK IN OCTOBER.

SIGNATURE

DATE



Telephone (441) 292 6515

EDUCATION FOR RESPONSIBILITY

E-mail: butunion@ibl.bm

Fax (441) 292 0697

