



## PROFESSIONAL EDUCATORS' UNION

# STOP ORDER

All completed Stop Orders must be sent to PEU, P O Box 32838 Braamfontein 2017, for recording and NOT direct to the Accounting Officer.

The Accounting Officer, (Department)

You are hereby authorized to deduct from my salary for the month of .....20..... the sum of R..... being my subscription to

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and thereafter to continue monthly deductions until further notice is given by me. Should the relevant fee be altered by the Professional Educators' Union, I agree that the amended premium may be deducted from my salary provided that

1. I am notified by PEU of such increase at least sixty days prior to the amended fee becoming effective.
2. Should the amended fee be unacceptable to me, I reserve the right to cancel this Stop Order.

SURNAME: \_\_\_\_\_

NAMES: \_\_\_\_\_ (Mr, Mrs or Ms) \_\_\_\_\_

IDENTIFICATION NO.: \_\_\_\_\_

PERSAL NO.: \_\_\_\_\_

SCHOOL PAYPOINT: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

REGION: \_\_\_\_\_

PEU DISTRICT: \_\_\_\_\_

PEU BRANCH: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

## PLEASE ALSO COMPLETE THE FOLLOWING PERSONAL DETAILS FOR INCLUSION IN THE PEU HEAD OFFICE MEMBERSHIP DATA BASE

DATE OF BIRTH \_\_\_\_\_ RANK \_\_\_\_\_

SPECIALIST SUBJECTS \_\_\_\_\_

SCHOOL/OFFICE \_\_\_\_\_

ADDRESS \_\_\_\_\_

TEL NO. \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

TEL NO. \_\_\_\_\_

QUALIFICATIONS: ACADEMIC \_\_\_\_\_

PROFESSIONAL \_\_\_\_\_

DATE OF FIRST AFFILIATION TO PEU \_\_\_\_\_

*Recruited by*  
*Surname & Initials:* \_\_\_\_\_  
*PEU District:* \_\_\_\_\_  
*Contact No.:* \_\_\_\_\_