

## Authority to Act

I hereby authorise the Service and Food Workers Union Nga Ringa Tota to act for me in enforcing with my employer the payment of the minimum wage for sleepovers and any back-pay for the period that I have not received the minimum wage for this type of work.

I understand that the SFWU Nga Ringa Tota will act for me providing I continue to remain a financial member of the union for the whole period up to the time of the recovery of what is owing or a New Zealand court judging that there is no legal claim.

I understand that if I leave my current employment it is my responsibility to ensure that arrangements are made to continue my financial membership.

*Please print all information clearly to ensure that the SFWU is able to link you to this action.*

<b>Printed Name</b>	
<b>Signature</b>	
<b>Bank Account: <i>please print clearly</i></b>	
<b>Membership Number</b> (if known)	<b>Or Payroll/Employee No:</b>
<b>Address</b>	
<b>Postcode</b>	
<b>Email Address</b>	
<b>Home Phone</b>	
<b>Work Phone</b>	
<b>Mobile</b>	
<b>Date of Birth</b>	
<b>Employer &amp; Branch</b>	

Date:.....

Please return the form to: Service & Food Workers Union Nga Ringa Tota  
 Private Bag 68914  
 Newton, Auckland 1145