

# Application to pay AVCs

Please complete in BLOCK capitals

## Section A: Personal details

Name:

Address:

Date of birth:  /  /  Member Id No:

Tel:  Email address:

Employer name:  Salary/wages: €  a week/month\*  
(\*delete as appropriate)

## Section B: Deduction Details

I would like to pay AVCs of: €  a week/month\* (\*delete as appropriate)

From:  /  /  insert date you want first payment to start

I would like to pay (tick box):

by deduction from my salary     direct to the Scheme by cheque     by standing order

## Please complete either section C OR section D below

### Section C: Authority to deduct from salary

To be completed if you want deductions for AVCs to be made through your salary by your employer.

I authorise my employer to deduct the AVCs amount above from my wages until further notice.

Signed:  Date:  /  /

### Section D: Bank Details

To be completed if you want to save AVC's by Standing order to CWPS

Please use BLOCK capitals

To the Manager of Bank (insert name)

Bank address:

Bank account name:

IBAN No:

BIC No:

Please charge to my/our account the amount stated below at the specified intervals:

Amount: €  Frequency: Monthly  Weekly

First payment starting on:  /  /

My/our account will contain sufficient funds at all times to enable the payment shown above to be made on the date due.

Signed:  Name:

Home address:  Date:  /  /

Please return the completed form to: CWPS - AVCs, Canal House, Canal Road, Dublin 6

#### Important notice to Bank

Please ensure that this number is quoted on our Bank Statements. Failure to do so could result in monies not being allocated correctly.

CWPS member ID:

#### Pay to:

Construction Workers' Pension Scheme No 1 Account  
IBAN: IE90 AIBK 9310 1288 8880 47  
SWIFT/BIC: AIBKIE2D

#### Bank address:

Allied Irish Bank  
1/3 Lower Baggot Street  
Dublin 2