

Authority to deduct from salary

Employee's details			
Title	Surname		
Given names			
Home address			
		Suburb	Postcode
Membership number/s		Payroll number	

I authorise the pay officer for:

Company name

To deduct from my salary \$

Every Week Fortnight Month

Commencing pay period ending / /

First authority Change to existing authority

Old deduction \$ New deduction \$

I authorise the pay officer to cancel my existing health insurance deductions from:

Fund name

From pay period detailed on side one.

Should the amount of contribution payable by me be altered by reason of an alteration in the rate of contribution for the product under which I am covered, then this authority and request shall extend to and covers the altered contribution payable by me. I authorise you to accept from time to time notification from the fund that my contribution to the product under which I am covered has been varied to an amount specified and request that this should be acted upon. This authority is to continue until such time as it is withdrawn by me in writing.

Signature

Date / /

Office use only	Group number	Section number
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