PAYROLL DEDUCTION AUTHORITY

Member Authorisation for Payroll Deductions to be paid to the

Ambulance Service Welfare Fund

SAAS PAYROLL PLEASE NOTE:

THIS AUTHORITY IS FOR DEDUCTION CODE <u>D165</u> - AMBULANCE WELF FUND LOAN

Member ………………………………………………………………………… **SAAS Pay ID** ……………………………….

Holiday Home ……………………………………………… **Date IN** …………………………… **Date OUT** …………………………

I hereby authorise the SA Ambulance Service to deduct $ ………………………………… from my salary each pay period and forward direct to the Ambulance Service Welfare Fund Incorporated.

This payment is to continue until the amount of $ ………………………………… has been paid.

MEMBERS PLEASE NOTE: A minimum of 1 night per pay period will be accepted
(eg. 3 nights - 3 payments, 5 nights - 5 payments, etc.)

Should I cease employment with the SA Ambulance Service I agree that any debt which remains outstanding to the Ambulance Service Welfare fund will be fully deducted from my pay by the SA Ambulance Service Payroll Department.

Signature ……………………………………………………………………… **Date** ……………………………………

Privacy of Your Information: The Ambulance Service Welfare Fund (ASWF) recognises the importance of protecting your personal information. We only collect information which is necessary for the purposes of the ASWF. A copy of our privacy policy can be obtained directly from ASWF.

AMBULANCE SERVICE WELFARE FUND
13 HINDMARSH PLACE, HINDMARSH SA 5007
PHONE: 8340 1800   FAX: 8340 1811   EMAIL: info@aswf.net.au

Office Use Only: ☐ CTP _____