

APPLICATION FOR FINANCIAL ASSISTANCE

SAAS PAYROLL PLEASE NOTE:

THIS AUTHORITY IS FOR DEDUCTION CODE D165 - AMBULANCE WELF FUND LOAN



Applicant's Full Name

Address

Suburb/City Postcode

Phone (m) SAAS ID No

Email

I hereby apply for Financial Assistance from the Ambulance Service Welfare Fund Inc. The reasons for my current financial assistance request are:

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.....
.....

I declare that no monies are recoverable from any other source for the following account/s and that **I have made all reasonable efforts to negotiate with the suppliers / account providers for payment by instalment / deferred payment.** I understand that my current financial situation will be kept confidential. The amount of assistance required is as per the details listed below and the accounts attached.

PROVIDER	ACCOUNT FOR	AMOUNT OWING
.....	\$
.....	\$
.....	\$
.....	\$

TOTAL AMOUNT OF FINANCIAL ASSISTANCE REQUIRED: \$

I agree to a Payroll Deduction Authority to the SA Ambulance Service / Shared Services for a fortnightly deduction of \$ from my salary until the amount of \$ is paid in full to the Ambulance Service Welfare Fund Inc. Should I cease employment with SAAS I agree that any debt which remains outstanding to the Ambulance Service Welfare Fund Inc will be fully deducted from my final pay.

I declare that I have read the above terms and conditions and agree to the terms of the loan. I understand the Ambulance Service Welfare Fund Incorporated has the right to recover any monies owed to it in the event of default of payment.

Date Signature

Privacy of Your Information: The Ambulance Service Welfare Fund Inc (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.