



PAYROLL DEDUCTION AUTHORITY

I PAY NO:

AUTHORISE THE SA AMBULANCE SERVICE TO DEDUCT \$.....
FROM MY SALARY PER PAY AND FORWARD DIRECT TO THE
AMBULANCE SERVICE WELFARE FUND INCORPORATED.

THIS PAYMENT IS A ONCE ONLY DEDUCTION IN PAYMENT OF
INVOICE NO.....

OR

THIS PAYMENT IS TO CONTINUE UNTIL THE AMOUNT OF
\$ HAS BEEN PAID.

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.

SIGNED 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.