

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 D165 - 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 _____