



APPLICATION FOR FINANCIAL ASSISTANCE LOAN

SAAS PAYROLL PLEASE NOTE:

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

Member Name:			
Forwarding Address:			
Email:			
Mobile:		SAAS ID:	

The reasons for my financial assistance loan application are:

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The amount of assistance required is as listed below:

Provider / Account Holder	Service Provided	Loan Amount
		\$
		\$
		\$
		\$
Total Amount of Financial Assistance Requested:		\$

I agree to the following terms and conditions (please check all boxes):

<input type="checkbox"/>	Supported copies of accounts have been provided with this application.
<input type="checkbox"/>	I declare no monies are recoverable from any other source for the account(s) listed above and that I have made all reasonable efforts to negotiate with the suppliers and account providers for payment by instalment or deferred payment.
<input type="checkbox"/>	If my application is approved, the ASWF will make payment directly to the provider/account holder(s) listed above and I understand cash payment will not be made directly to myself.
<input type="checkbox"/>	If my application is approved, I authorise repayments to the ASWF via SAAS payroll deductions and for the repayments of \$ _____ to be made over 12 fortnightly pay periods.
<input type="checkbox"/>	No interest will be charged on the loan amount.
<input type="checkbox"/>	Determination and payment of the loan is at the absolute discretion of the ASWF Board of Directors.
<input type="checkbox"/>	This benefit is only available to full financial members of the ASWF.
<input type="checkbox"/>	Should I cease employment with SAAS I agree for any remaining debt to be fully deducted from my final pay.
<input type="checkbox"/>	I understand the ASWF has the right to recover any monies owed in the event of default of repayment.

I declare I have read the above and agree to the terms and conditions of the Financial Assistance loan:

Applicant Signature:		Dated:	
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AMBULANCE SERVICE WELFARE FUND

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