PAYROLL DEDUCTION AUTHORITY ("PDA")

aps benefits**GROUP**
Protecting your financial wellbeing

aps benevolent foundation   **aps** wills estates   **aps** mortgage broking   **aps** loans savings   **aps** insurance   **aps** financial planning   **aps** tax accounting

PLEASE GIVE A COPY OF THIS PDA TO YOUR PAYROLL OFFICE AS WELL AS A COPY TO THE APS BENEFITS GROUP

STEP 1 YOUR PERSONAL DETAILS

TITLE		GIVEN NAME	
PREFERRED NAME		SURNAME	
HOME PHONE		WORK PHONE		MOBILE	
PRIMARY EMAIL		SECONDARY EMAIL	

STEP 2 EMPLOYER DETAILS

EMPLOYER NAME		AGS/EMPLOYEE No.	
DEPARTMENT/ UNIT			
EMPLOYER ADDRESS			
SUBURB		STATE	POSTCODE	

STEP 3 DEDUCTION AUTHORITY

WHERE LOAN REPAYMENTS AND MEMBERSHIP SUBSCRIPTIONS ARE REQUIRED, ONE AMOUNT IS TO BE DEDUCTED FROM MY SALARY

PLEASE DEDUCT FROM MY SALARY THE FOLLOWING AMOUNT(S):

MEMBERSHIP SUBSCRIPTIONS	FORTNIGHTLY	$.............................	FOR MY MEMBERSHIP SUBSCRIPTIONS
LOAN REPAYMENTS	FORTNIGHTLY	$.............................	FOR MY LOAN WITH THE APS BENEFITS GROUP
TOTAL PAYROLL DEDUCTION	FORTNIGHTLY	$.............................	FOR BOTH MY MEMBERSHIP SUBSCRIPTIONS AND LOAN

OR

My circumstances have changed and I now authorise you to change my previous Payroll Deduction Authority of $ .... per payroll deduction to $ .... per payroll deduction taking effect from the first pay period after

MEMBER SIGNATURE ....

PRINTED NAME .... **DATE**

FOR EMPLOYER'S USE ONLY

FORTNIGHT ENDING	....	DEDUCTION CODE	....
PROCESSED BY	....	CHECKED BY	....