



# Payroll Deduction Authority

**Please give a copy of this form to your payroll office as well as a copy to APS Benefits Group**

## Your Personal Details

Title				Given Name			
Preferred Name				Surname			
Home Phone			Work Phone			Mobile	
Primary Email				Secondary Email			

## Employer Details

Employer Name				Employee Number			
Department							
Employer Address							
Suburb				State		Postcode	

## Deduction Authority

**Where loan repayments and membership subscription are required, one amount is to be deducted from my salary.**

Please deduct from my salary the following amounts:

Membership subscriptions fortnightly	\$.....	for my membership subscriptions
Loan repayments	\$.....	for my loan with APS Benefits Group
Total payroll deductions per fortnight	\$.....	for both my membership and loan repayments

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

Members signature .....

Printed name ..... Date:

## For employers use only:

Fortnight ending .....

Deduction code .....

Processed by .....

Checked by .....