

PAYROLL DEDUCTION REQUEST

Details of Person Requesting the Payments	
Surname	
Given Names	
Address	
Parish	
Employer's Details	
Employer's name	
Employer's address	
Section/department/work station	
Staff clerk/pay centre number	
Work location	
Employee/AGS/serial/bundy/salary number	
Deduction Details	
Frequency	Weekly Fortnightly Monthly Other
Amount to be deducted	
Request	
<p>I request my employer to deduct and remit to my Parish's account as detailed below the payment amount shown. I agree not to hold my employer or its employees responsible if deductions are not made. I also understand that a new authority is required for any changes I may wish to make to this request. This request replaces all previous requests.</p>	
Signature	
Date	
ADF/Employer use only	
Parish name	
Parish BSB	
Parish account number	