



Ambulance Victoria

DEDUCTION FORM

I _____ hereby authorise my employer,

Ambulance Victoria to deduct \$12.00 _____ per fortnight

from my wages and transfer the same to:

Deduction Name: ACP - code 3308

SIGNATURE

EMPLOYEE NUMBER

DATE

/ /

Payroll Fax: 9840-3585

Payroll Email: payroll@ambulance.vic.gov.au