

Australasian College of Paramedicine

Payroll Deduction Authorisation Form

I, _____, hereby authorise my employer,

St John Ambulance NT _____ to deduct \$12 per fortnight from my wages and transfer the same to the Australasian College of Paramedicine.

Deduction Name: ACP

Deduction Amount: \$12 per fortnight

Signature: _____ Date: _____

Employer: St John Ambulance NT

Employee ID number: _____