



Payroll Deduction Authorisation Form

Please email completed form to your payroll department and to members@paramedics.org

I, _____, hereby authorise my employer to deduct \$8 per fortnight from my wages and transfer the same to the Australasian College of Paramedicine (ACP).

Deduction Code: Australasian College of Paramedicine (ACP)

Deduction Amount: \$8 per fortnight

Signature: _____ Date: _____

Employer: __St John NZ_____

Employee ID number: _____