Payroll Deduction Authorisation Form

Please email completed form to SAASPayrollDoc@sa.gov.au and members@paramedics.org

I, _____ , hereby authorise my employer to deduct $12 per fortnight from my wages and transfer the same to the Australasian College of Paramedicine (ACP).

Deduction Code: Australasian College of Paramedicine (Code – **D278**)

Deduction Amount: $12 per fortnight

Signature:_____ Date: _____

Employer: __SAAS_____

Employee ID number: _____