



## **Payroll Deduction Authorisation Form**

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 - ACAP)

Deduction Amount: \$12 per fortnight

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer: St John Ambulance WA \_\_\_\_\_

Employee ID number: \_\_\_\_\_