



## **Payroll Deduction Authorisation Form**

Please email completed form to your payroll department and to [members@paramedics.org](mailto: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: \_\_Wellington Free Ambulance\_\_\_\_\_

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