



DEDUCTION FORM

I _____ hereby authorise my employer,
Ambulance Victoria to deduct \$_12.00_____ per fortnight
from my wages and transfer the same to:

Deduction Name: ACP - code 3308

SIGNATURE

EMPLOYEE NUMBER

DATE

____ / ____ / ____

Payroll Fax: 9840-3585

Payroll Email: payroll@ambulance.vic.gov.au