

Payroll Deduction Authorisation Form

I, _____, hereby authorise my employer,
St John Ambulance NT _____ to deduct \$12 per fortnight from my
wages and transfer the same to the Australasian College of Paramedicine.

Deduction Name: ACP

Deduction Amount: \$12 per fortnight

Signature: _____ Date: _____

Employer: **St John Ambulance NT** _____

Employee ID number: _____