

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: _____