

TO BE COMPLETED BY A MEMBER

SUREPLAN FAMILY FUND

AUTHORITY FOR DEDUCTION FROM SALARY OR WAGES

Name of Employer			
Address			
	Telephone Number		

Employee or AGS Number	Total Deducted Fortnightly
.....	\$

TO: STAFF PAY GROUP

I hereby authorise my employer or its duly appointed servants and agents to deduct, each pay period, from my salary/wages the amount indicated on this authority and pay this amount to the organisation named above.

All payments made on my behalf in accordance with this authority shall be deemed to be payments made to me personally.

In consideration of this deduction being made I indemnify the above mentioned employer and employees thereof against any failure to make deductions and remittances as authorised herein.

NOTE: No responsibility for the disposition of the monies deducted under this authority is accepted after they have been paid over to the nominated organisation.

THIS AUTHORITY CANCELS ALL PREVIOUS AUTHORITIES AND SHALL REMAIN IN FORCE UNTIL REVOKED BY SUREPLAN FRIENDLY SOCIETY LTD OR BY ME IN WRITING.

Signature of Staff Member	Date signed 20
Staff Member's Name	

OFFICE USE ONLY

Employee or AGS Number	Surname	Initials	Date of Birth				
..... / /				
Old Basic Rate \$ ¢	New Basic Rate \$ ¢	Certified by					
:	: / /					
Remarks	Permanent Variation				Organisation Recognition Code	Team No.	Paysheet No.
	Increase	Decrease	Increase	Decrease			

Computed by Processed for period ending / /

Checked by