

Authority to deduct from salary form

Employee's details			
Title		Surname	
Given names			
Home address			
Suburb		State	
			Postcode
Membership number/s		Payroll number	

I authorise the pay officer for:			
Company name			
To deduct from my salary	\$		
Frequency	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly
Commencing pay period ending	/	/	/
Authority	<input type="checkbox"/> First authority	<input type="checkbox"/> Change to existing authority	
Old deduction	\$	New deduction	\$

I authorise the pay officer to cancel my existing health insurance deductions from:	
Fund name	

From the pay period detailed above.

Should the amount of premium payable by me be altered by reason of an alteration in the rate of premium for the product under which I am covered, then this authority and request shall extend to and covers the altered premium payable by me. I authorise you to accept from time to time notification from St.LukesHealth that my premium for the product under which I am covered has been varied to an amount specified and request that this should be acted upon. This authority is to continue until such time as it is withdrawn by me in writing.

Signature		Date	
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Office use only	
Group number	
Section number	