



**HUMAN RESOURCES
WORK PLACE GIVING
DEVELOPMENT AND ALUMNI RELATIONS
PAYROLL AUTHORITY**

To: Development and Alumni Relations Office, M361

I, the undersigned, hereby authorise the University to make automatic deductions from my salary of the appropriate amount for the nominated period. I understand and accept the conditions detailed below.

Conditions applicable to this authority

1. The donation will continue to be a monthly fee, but for the purposes of this authority, will be collected in fortnightly instalments commencing from the next available pay.
2. If the employee ceases employment with the University this payroll authority will automatically cease.
3. This authority will remain in effect and deductions will continue until the end date provided below.
4. This authority is available to fixed-term or ongoing University staff.

EMPLOYEE TO COMPLETE

Employee number Title Family name

First names *(in full)*

School/Department

Student number *(if applicable)*

DEDUCTION DETAILS

Amount Per Fortnight \$

Commencement Date End Date

Employee signature Date *(dd/mm/yy)*

Development and Alumni Relations Office USE ONLY

Authorised Officer *(print name)*

Authorised Officer Signature

Date *(dd/mm/yy)*