

TIWI Islands Training and Employment

Payroll Deduction Authority Form

| | | | | | (Print Full Name) | | |
|---|------------------|--------------|----------|------------|-------------------|-----|--|
| Hereby authorise t | the following de | duction from | my pay e | ach fortni | ght | | |
| Total Amount | | | | | | | |
| To be paid to (EG. Fines Recovery, Toyota Finance, TWI Council etc) | | | | | | . 1 | |
| If External a Bank account No. Is required to be paid into. | | | | | | | |
| Amount per fortnight | | | | | | | |
| Account Number | | | | BSB: | | | |
| Reference Number | | | | | | | |
| Start Deduction | | | | | | | |
| End Deduction | | | | | | | |
| Signature | | | | Date | | | |

Please advise Payroll of any changes to your deductions so that prior arrangements are made to minimise disruption to your payments