



THE FIRE SERVICE FUND

Established 1936

First Floor
20 Chancery Lane
Adelaide SA 5000

Telephone 8204 3851
Facsimile 8204 3847
Email info@fsfsa.org.au
www.fsfsa.org.au

Payroll Deduction Authority

To: Payroll - Team 10, Shared Services SA

Name:

Payroll ID:

I hereby authorise you to deduct from my Salary or Wages the sum of

\$ _____ per fortnight

OR such other amount from time to time payable to the Fire Service Fund. All such payments made on my behalf pursuant to this request shall be deemed as payments made by me.

Should the contributions payable by me in respect of the levy under which I am covered be varied by the Fire Service Fund in accordance with the Rules, I authorise you to accept and act upon written notification of such variation from the Fire Service Fund by deducting from my salary or wages (commencing on the date nominated) the new contribution payable by me.

THIS REQUEST CANCELS ANY EXISTING AUTHORITY

Signature:

Date:

Witness:
