

Employee Authority to Deduct

<u>Planned Giving: Chancellors Circle and Ambition Appeal</u> **2021**

| Nama | | | | | |
|-------------------------------|-------------|---|--|--|-----------|
| Name: | | | | | |
| Employee ID: | | | | | |
| Please select fund: | | Chancellors Circle Ambition Appeal 2 | | pportunities Fund 2021 | |
| Please select payment option: | | Option 1 — I authorise BUL to deduct the amount of \$each parperiod (fortnightly) commencing on (date)and ending on (date) to the fund selected above | | | |
| | | <u>Option 2</u> – I woul | | e-off payment for the ame | ount of |
| voluntarily and can be | cancelled v | with written notice t summary. It is highly | to the Payroll Depa recommended tha | d otherwise. Payments are restrained. Payroll deduction at independent financial aumstances. | s will be |
| | Sign | ed | | Dated | |
| <u>Payroll Use</u> | | | | | |
| Code: | | DDON | | | |
| Commence Date: | | // | | | |
| Cease Date: | | // | | | |
| GL Credit: | | 301221 | | | |

***** Please send completed form to Payroll for processing*******