



Payroll Deduction Request Form

To the Pay Office:

Please deduct from my pay each month: \$ _____

Title	
First Name	
Second Name	
Job Title	
Payroll Number	
Company Name	
Department	
Phone	

Please send the funds to: CareFlight
Fundraising Department
PO Box 159
Westmead NSW 2145
Ph) 02 98916144

Deductions to commence on the first available pay date after receipt of this authorisation. All payments made on my behalf are deemed to be payments made by me personally. This authority will remain in force until I cancel it in writing.

Signature: _____

Date: ____ / ____ / ____