



DEDUCTION FORM	
I _____ hereby authorise my employer, Ambulance Victoria to deduct \$_10.00_____ per fortnight from my wages and transfer the same to:	
Deduction Name:	ANZCP
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

SIGNATURE _____

EMPLOYEE NUMBER **DATE** / /

Payroll Fax: 9840-3585

Payroll Email: payroll@ambulance.vic.gov.au