

STAFF DEDUCTION AUTHORITY

This form is to be completed by new staff for first advice of deductions other than banking deductions, OR for amendments to current deductions by existing staff.

Name: _____

Staff No.: _____

Faculty/Section: _____

Dept/School/Office: _____

I authorize the Payroll Office to make the following deductions from my pay:

New Deduction Authority

Amended Deduction Authority

Organisation	Tick	Account No.	Amount
Colonial Life Insurance	<input type="checkbox"/>		
Colonial Health	<input type="checkbox"/>		
Domestic Court	<input type="checkbox"/>		
Fiji Care	<input type="checkbox"/>		
Fiji Development Bank	<input type="checkbox"/>		
Home Finance Company	<input type="checkbox"/>		
Housing Authority	<input type="checkbox"/>		
IRD Tax Arrears	<input type="checkbox"/>		
LICI	<input type="checkbox"/>		
Public Rental Board	<input type="checkbox"/>		
Public Service Commission	<input type="checkbox"/>		
Other Deductions: (please specify)			
	<input type="checkbox"/>		
	<input type="checkbox"/>		
		Total Premium	Amount
BSP Medical Scheme			
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

This deduction authority is to be effective from _____ until further notice.

Staff signature: _____ Date: _____