

NOTE: For use only by employees without an existing direct debit authority with a financial institution

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## AUTHORITY FOR DEDUCTION OF UNION SUBSCRIPTIONS

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To: **SA HEALTH**

I,.....  
(Employee's Surname) (Given Names)

of .....  
(Private Address)

**\*Hereby Authorise** you

- a) to continue to pay to the union named in my previously signed authority;
- OR**
- b) to pay to **SASMOA** (name of trade union) hereinafter called "the union",

the rate of subscriptions per fortnight as may be notified to you in writing or electronically from time to time by the union (hereinafter called "the subscription") out of any wages or salary due or becoming due to me by the Government of South Australia **provided:**

1. that this authorisation may be cancelled by me upon my subsequent written authority.
2. that where the rates of subscription are varied by the union in accordance with its rules the amount of subscription may be varied by you accordingly following receipt by you of notice in writing or electronically from the union of such variation.
3. in the event that I cease at anytime to be a member of the union I shall notify the relevant payroll section of the date from which this authorisation shall cease.

- \*Note: (a) applies if you have previously completed and signed an authorisation which has not been withdrawn by you,  
(b) applies if you wish to commence payroll deductions.

**I also authorise you to notify** the union of the receipt of this authority; of any transfer/s of my employment between any public sector agency or transfer/s between payrolls; and of any information sought by the union from time to time in relation to my payroll deduction.

**Signature of Employee.....Pay ID Number.....**

**Dated this.....day of.....20...**

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### Notes

Note 1 This form must be personally signed by the employee (not by an agent). Deductions will only occur where the original of this form duly signed is forwarded to the relevant payroll section (including by facsimile).

Note 2 Regular fortnightly deductions only to be made according to the relevant pay period. Quarterly, half-yearly and annual subscriptions, arrears and special levies are not to be deducted.

Note 3 Unions are to advise departments of variations in scales of rates of subscriptions prescribed by union rules.

Note 4 Unions are to comply with department procedures after timely advice.

Note 5 Departments are to pay unions fortnightly or four-weekly and to supply a reconciliation of total subscriptions deducted where required.

**Original to be forwarded to relevant Payroll Section**

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### THIS PART FOR OFFICE USE ONLY

Identity or Pay No	Dept. No.	Closing Date	Period No.	Union Ref. No	Fund Code	Reason Code	DUTY STAMP
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