

## Payroll Deduction Authority - Cancellation Form

### MY DETAILS

**Payroll number\*** .....

**First Name\*** .....

**Last Name\*** .....

**Department\*** .....

**Primary campus location\*** .....

**Your email\*** .....

**Mobile Phone** .....

**Phone Number** .....

**Postal Address (for-  
donor receipts)** .....

**Suburb** .....

**State** .....

**Postcode** .....

I hereby authorise the above deduction to the nominated charity to occur on the date and frequency specified above. While not all deductions are tax deductible, I hereby acknowledge that this is my responsibility to consult with a financial adviser regarding the tax implications of all donations that I have authorised. I further authorise Sunshine Coast Hospital and Health Service Payroll Services to amend the arrangements for the processing of payroll deductions and nominated fixed amounts from my fortnightly salary and wage payments in accordance with my instructions above. Further, I acknowledge and accept responsibility for any consequence arising if any of the nominated deductions are unable to be made due to insufficient net pay in any of the nominated engagements. I consent for Sunshine Coast Hospital and Health Service to provide the following information to Wishlist for the purpose of sending an End of Financial Year donation receipt to me, and to keep me informed of news and promotions relating to Wishlist.

- Full name - Postal address - Preferred email address - Contact telephone number - Donation amount

Privacy disclaimer: Personal information collected by the Department of Health or Sunshine Coast Hospital and Health Service is handled in accordance with the Information Privacy Act 2009. The personal information provided by you will be securely stored and made available only to appropriately authorised officers of the SCHHS (or its agents). Personal information recorded on this form will not be disclosed to other parties without your consent, unless required by law

### I wish to cancel my payroll deduction starting from my next pay.

Cancellation requests will be required seven days before the commencement of a new pay period to ensure the action can be completed in a timely manner by payroll services.

**Signed (print full name)** .....

**Date:** .....