



Congress Community Development and Education Unit Ltd

National Office of the CCDEU
PO Box 607 Thuringowa
Central QLD 4817

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Workplace Giving Authorisation Form

To authorise regular deductions from your pay, please complete the details below and return to your Payroll Manager.

Name			
Home Address			
City		Postcode	
Work Phone			
Email Address			
I would like to donate the following amount to CCDEU each pay period (<i>please tick one of the below</i>)			
\$5 <input type="checkbox"/>	\$10 <input type="checkbox"/>	\$20 <input type="checkbox"/>	\$50 <input type="checkbox"/>
\$100 <input type="checkbox"/>	Other \$ _____ <input type="checkbox"/>		

Signature _____ Date _____

To be completed by the Payroll Manager

Company Name			
Payroll Contact Name			
Payroll Contact Position			
Company Address			
City		Postcode	
Payroll Contact Phone			
Employee Payroll Number			
Contribution Frequency (<i>please tick</i>)	Weekly <input type="checkbox"/>	Fortnightly <input type="checkbox"/>	Monthly <input type="checkbox"/>
	Other _____ <input type="checkbox"/>		

Instructions for Payroll:

Each pay period we require a simple summary of your contributions to ensure all donations are recognised and credited correctly (email, fax, or post).

Please post or fax this form to CCDEU to receive confirmation and our EFT details.

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