

GARDA PAYROLL

DEDUCTION AUTHORISATION FORM

Organisation Name: **Holiday and Travel Club**

Company Etc.

To: ACCOUNTANT, DEPARTMENT OF JUSTICE

STAMP

I hereby agree to have my contributions to the above-named organisation deducted every week/month from my salary. Such contributions will be paid to the above-named organisation on my behalf. I also agree that deductions shall continue to be made unless otherwise notified by the above-named organisation and that the rate of deductions may be changed from time to time by the above-named organisation. I recognise that, beyond making remittance to the organisation concerned equivalent to the amount deducted, the State accepts no further responsibility in the matter. I also recognise that the ultimate responsibility for ensuring that the deductions have in fact been made rests with me.

NAME: _____ SIGNATURE _____

ADDRESS: _____

MOBILE _____ TEL _____

EMAIL _____

Organisation Code:

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Garda Registered No: _____

Garda Pension No: _____

SERVING

RETIRED

TO JOIN