



## DEDUCTION AUTHORITY

NAME:

I request you to make my Superannuation Guarantee contributions to the following Superannuation Fund:

NAME OF FUND:

Membership Number:

(A letter confirming that your superannuation is in a complying fund (other than HESTA and TASPLAN members) and can accept a contribution; along with payment method is required.)

I request that NOSS deduct additional fortnightly amounts as follows:

<input type="checkbox"/> Additional after tax superannuation payment - to be deposited in the above fund	<span style="border: 1px solid black; padding: 2px;">\$</span> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>
<input type="checkbox"/> Additional tax - to be paid to the tax office on my behalf	<span style="border: 1px solid black; padding: 2px;">\$</span> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>
<input type="checkbox"/> Christmas Club - to be paid to me on the last pay day before Christmas (only available if you have permanent hours)	<span style="border: 1px solid black; padding: 2px;">\$</span> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>
<input type="checkbox"/> Other .....	<span style="border: 1px solid black; padding: 2px;">\$</span> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>
.....	
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NOTE: For Salary Package and Salary Sacrifice payments, please complete Salary Packaging Authority - EMP26-0509

Signed	Date