



Local Government Engineers' Association of New South Wales Payroll Deduction Authority

Member Details

Given Name(s): _____

Surname: _____

Work Ph: _____ Home Ph: _____ Mobile: _____

Email: _____

Deduction Authorisation

Payroll/Employee No: _____

Name of Employer: _____

Dept/Section (if applicable): _____

Employer's Address: _____

Payroll Officer: _____ Contact No: _____

Email: _____

Authorisation

I hereby authorise my employer to pay and forward payment of my membership subscriptions via regular payroll deductions from my salary in accordance with the scale of fees as advised by LGEA.

Should I revoke the payroll authorisation at any time, I understand that the balance of my subscriptions will become due and payable in full. I understand that written notice is required to LGEA if I no longer wish to remain a member of the Association.

Signature: _____

Date: _____

Subscription Contact

LGEA

Phone: 02 9263 6555; Fax: 02 9264 1224

Email: lgea@professionalsaustralia.org.au

Post: Level 1, 491 Kent St, Sydney NSW 2000

Privacy: LGEA respects your privacy. Visit our privacy statement at www.professionalsaustralia.org.au/about/privacy/ (ABN 39 866 830 869)

Office Use Only

LGEA Member No: _____

Deduction amount is \$ _____ per fortnight, \$ _____ per month or \$ _____ per week.

Deductions to commence from the next pay day.

LGEA Authorising Officer: _____

Date: _____