

# Authorisation to make payroll deductions

*(Please fill in and hand this authorisation to your payroll or HR department)*

Your name:

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Your work phone number:

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Business name:

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Business address:

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## YES

I'd like to help Arthritis New Zealand with a regular:

weekly     fortnightly     monthly salary deduction of:  
 \$5     \$10     \$15     \$20     other \$ \_\_\_\_\_

*(Please tick)*

This request takes effect from my next pay.

Your signature

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Date

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*To payroll staff: please process this payroll deduction according to the new requirements. If you have any questions, please visit [www.ird.govt.nz](http://www.ird.govt.nz) or speak to Arthritis New Zealand on (04) 472 1427.*

## *Donee organisation's details:*

Arthritis New Zealand\*

Level 2, 166 Featherston Street, PO Box 10020

Wellington 6143, phone 04 472 1427

Account Name: Arthritis New Zealand

Bank where account is held: National Bank, Wellington

Account Number: 06-0501-0016449-00

\*Arthritis New Zealand is the registered trade name for Arthritis Foundation of New Zealand Incorporated  
Charity number CC22132