GARDA PAYROLL
DEDUCTION AUTHORISATION FORM

Operator No.

Organisation: **St. Paul's Garda Credit Union Ltd.**

8103	8104
☐ Garda Weekly Payroll	☐ Garda Weekly Budget
☐ Pensioners Monthly Payroll	☐ Pensioners Monthly Budget
☐ Widows Monthly Payroll	☐ Widows Monthly Budget

To: ACCOUNTANT, DEPARTMENT OF JUSTICE

I hereby agree to have my contributions to the above-named organisation deducted each week 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 rest with me.

Name (BLOCK CAPITALS): _____ Signature: _____

Employee Registered No.: | | | | | | |

Date: _____

Purpose: | | N = New C = Change S = Stop

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Total Payroll € | | | | | | |

Total Budget € | | | | | | |

Start Date: | | | - | | | | - | | |

End Date: | | | - | | | | - | | |

Deduction Breakdown

Reg No.: | | | | | | |

Name: _____

Loans/Shares/Family Members	Amount	Budget
	€	€
	€	€
	€	€
	€	€
	€	€
	€	**Total** €
	€	
	€	
	€	
	€	
Total	€	