

## University of Otago Christchurch Fellowship & Scholarships Fund Payroll Authority to Deduct

Title Job No   Department Phone (work)	Name (in full)	Employee Number		
Department Phone (work)	Title			
	Department	Phone (work)		

Signature

Please deduct the amount of \$

per pay commencing from my next pay

Date

## Two week's notice is required to change the deduction amount

Please return the completed form	Office Use Only			
	Deduction Code	UOOFT	Reference	1644
By scanning and emailing to: <u>hrp-queries@otago.ac.nz</u>				
By mailing to: University of Otago Payroll Services St David II Building PO Box 56 DUNEDIN 9054				

## University of Otago Christchurch Fellowship & Scholarships Fund Payroll Authority to Deduct

Name (in full)	Employee Number		
Title		Job No	
Department	Phone (work)		

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OTAGO

NEW ZEALAND

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