

Communities@Work

Workplace Giving Employer Authorisation Form

This form is to be completed by the payroll or finance department. By completing this form the specified organisation authorises the bulk donation (collected from the individual donations) to Communities@Work.

Organisation Details

Organisation Name:
Street Address:
Suburb/City: Postcode:
PO Box:
Main Phone: Web Address:

Organisation Contact Details

Name: Position:
Contact Phone: Contact Fax:
Email:

Donation Details

The sum of all individual donations from employees to Communities@Work's Workplace Giving Program. \$ (per pay)

First donation date:

Payroll frequency: weekly fortnightly monthly

other:

Authorisation

I, (print name) authorise the Workplace Giving payments on behalf of (organisation name) and if there are changes or cancellations regarding the Workplace Giving program with Communities@Work this will be confirmed in writing and submitted to Communities@Work.

Signed Date: / /

Communities@Work thanks you for your support

Please forward a copy of this form to the attention of the Manager, Finance either by email, fax or post

Email: admin@commsatwork.org Phone: **6293 6500** Fax: **6293 6553**
Communities@Work, PO Box 1066, Tuggeranong ACT 2901 www.commsatwork.org
Communities@Work will forward our EFT details to the payroll contact person.

Communities@Work
office use only

Form received on date: / /

Form received by:

EFT details send on date: / /

EFT details by: