



WAGE DEDUCTION AUTHORITY

Thank you for choosing to support the **Hunter Prostate Cancer Alliance** through our payroll deductions scheme. Your support allows the HPCA to run its Centre and help men, with prostate cancer, and their families and carers.

I _____ (name)
hereby authorise _____ (employer)
to deduct the sum of \$ _____ from my weekly / fortnightly / monthly
wage and remit it to the Hunter Prostate Cancer Alliance (PSA Inc). This authority
shall take effect from pay period week ending _____ (date)
and shall continue until withdrawn by me in writing.

Signed: _____ Date: _____

.....

Name: _____
Address: _____
Suburb: _____ Post Code: _____
Phone: Home _____
Work _____
Mobile _____
Email: _____

Hunter Prostate Cancer Alliance
ABN: 19 231 156 786

22 Turton Road Waratah NSW 2289
www.hpca.org.au
Helpline: 1300 881 826

For all enquiries regarding Payroll Deduction, please contact:

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Fax: 02 49682953
Email: help@hpca.org.au