

Payroll Authority to Pay

Date ____/____/____

I _____
Surname

First Name

I/D – Pay number

Course Number (if Cadet)

SAPOL Email _____

Personal Email _____

(SA Police Legacy will use your email to communicate with you)

Hereby authorise the following amount to SA Police Legacy (please tick)

\$5.00

\$7.50

\$10.00

\$15.00

Other amount \$.....

Choose \$10.00 or above and receive a free gift today!

Each fortnight commencing ____/____/____

Deduction Code 973

Signature _____

PAYABLE AT SHARED SERVICES SA, ADELAIDE



ABN 57 768 4180 30

286 Gilbert St
ADELAIDE SA 5000
PO Box 6514
Halifax Street SA 5000
P 08 8232 5513

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PATRON
COMMISSIONER OF POLICE
Mr G. Stevens, APM