

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)

Mobile _____

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

\$7.00

\$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

info@policelegacysa.org.au

PATRON

COMMISSIONER OF POLICE

Mr G. Stevens, APM