



**THE UNIVERSITY OF ADELAIDE  
AUTHORISATION OF DEDUCTION FROM SALARY**

SURNAME \_\_\_\_\_ STAFF ID \_\_\_\_\_

FIRST NAMES \_\_\_\_\_

SCHOOL/BRANCH \_\_\_\_\_ DISCIPLINE/UNIT \_\_\_\_\_

**Yearly Subscriber**

I hereby authorise you to deduct the amount of **\$2.00** per fortnight (total of \$52 per year) from my salary and pay this sum to Radio Adelaide, UNIAD / 1448 / 85 / 637 / 00 / 2007 / 85003400 for **Radio Adelaide Subscription fee**.

The first deduction is to be made on \_\_\_\_\_ and the payments are to continue until cancelled by me in writing.

**OR**

**Lifetime Subscriber**

I hereby authorise you to deduct the amount of **\$19.23** for the next 26 fortnights **only** (a total of \$499.98) from my salary and pay this sum to Radio Adelaide, UNIAD / 1448 / 85 / 637 / 00 / 2007 / 85003400 for **Radio Adelaide Lifetime Subscription fee**.

Deductions for the next 26 fortnights **only** are to begin on \_\_\_\_\_.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please forward completed form to PAYROLL SERVICES

Enquiries to Radio Adelaide x 35000