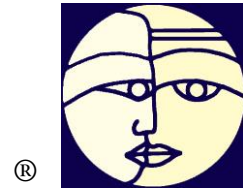


!!Note!!: This form is to be sent to your payroll office and a copy sent to admin@nzcmhn.org.nz



Te Ao Maramatanga
New Zealand College of Mental Health Nurses
Partnership, Voice, Excellence in Mental Health Nursing
PO Box 77-080, Mt Albert, Auckland, 1350, New Zealand

AUTHORITY TO DEDUCT MONIES FROM WAGES OR SALARY

(Please send this form to your Payroll Office, and a copy to the College. If your Payroll Office take a fee off the deductions, please add the fee amount to the total payment to ensure the college receives the correct amount)

To the employing authority:

I _____, hereby authorize you to pay Te Ao Maramatanga (New Zealand College of Mental Health Nurses) (hereinafter called "the College") the sum of \$11.75 per fortnight (hereafter called "subscription") out of any wages or salary due or becoming due to me by the employing authority provided, however, that where the scale or rates of subscription is varied in accordance with its rules, the amount of the subscription is varied accordingly following receipt of notice in writing from the College of such variation.

Signature of member: _____

Witness to signature: _____

Employed at: _____

Pay Number: _____

HAVE YOU SENT THIS FORM TO PAYROLL?

tick

Payment details:

Please email details of payment to: Te Ao Maramatanga at admin@nzcmhn.org.nz

Pay to the credit of:

Account Name: Te Ao Maramatanga (NZCMHN)

Account Number: 12-3150-0185083-00

Note:

To ensure your payment is identifiable on the College bank statement, please use the following when reference:

Particulars: [Employee Surname]

Code: []

Reference: Membership

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admin@nzcmhn.org.nz