



## 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and shall continue until withdrawn by me in writing.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](http://www.hpca.org.au)  
Helpline: 1300 881 826

For all enquiries regarding Payroll Deduction, please contact:

**Hunter Prostate Cancer Alliance**  
PO Box 298, Waratah NSW 2298  
Tel: 02 49689455  
Fax: 02 49682953  
Email: [help@hpca.org.au](mailto:help@hpca.org.au)