

WORKPLACE GIVING

PAYROLL DEDUCTION AUTHORITY



TOP LIVIN LIMITED ABN: 46 600 787 513

Thank you for choosing to support LIVIN. Your generosity will go a long way to assist us to achieve our Vision - BREAKING THE STIGMA OF MENTAL HEALTH.

To authorise regular giving donations directly from your pay to top LIVIN Limited please complete the form below.

STEP 1: Complete and sign the authority form

STEP 2: Provide a completed copy to your payroll officer or nominated Workplace Representative

DEDUCTION AUTHORITY

I _____, hereby authorise _____
(Full name) (Employer/Company Name)

to deduct the sum of \$5 \$10 \$20 \$50 Other \$ _____
from my regular pay and remit to Top LIVIN Limited.

I confirm that these deductions can commence on the next pay period after receipt of this authority unless otherwise advised.

Signed _____ Date _____

PERSONAL DETAILS

Full Name _____

Company _____ Department _____

Employee Payroll Number _____

Postal Address _____

Suburb _____ State _____ Postcode _____

Mobile Number _____ Work Number _____ Ext _____

Email address _____

I consent to receiving information about how my Workplace Giving donation is supporting Top LIVIN Limited

I consent to receiving general information from Top LIVIN Limited including information about upcoming campaigns and general news.