

Authorisation to make payroll deductions

Please complete this authorisation form and hand to your payroll or HR department.

Your name:

Your work phone number:

Business name:

Business address:

I'd like to help Crohn's and Colitis New Zealand Charitable Trust with a regular:

- Weekly
- Fortnightly
- Monthly

salary deduction of:

- \$5
- \$10
- \$15
- \$20
- other \$.....

This request takes effect from my next pay.

Your signature: Date:.....

To payroll staff:

Please process this payroll deduction according to the new requirements. If you have any questions, please visit-www.ird.govt.nz or phone Crohn's and Colitis New Zealand on (0800) ASK IBD (275 423).

Donee organisation's details:

Crohn's and Colitis New Zealand Charitable Trust
PO Box 41145, Eastbourne, Lower Hutt 5047
Phone (0800) ASK IBD (275 423)

Account Name: Crohn's & Colitis NZ Charitable Trust
Bank: ANZ Bank, Willis Street Branch
Number: 06 – 0529 – 0957398 – 00

*The Crohn's and Colitis New Zealand Charitable Trust, Charity number CC43580