

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 with a regular:

Weekly – Fortnightly - Monthly salary deduction of:

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

(Please circle)

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 (04) 972 3149.

Donee organisation's details:

Crohn's and Colitis New Zealand *

PO Box 22280

Khandallah

Wellington 6441

Phone 04 972 3149



Account Name: Crohn's and Colitis New Zealand

Bank: Southland Building Society, Nelson

Account Number: 03-1355-0630209-00

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