



## Payroll Giving AUTHORISATION

Complete this form to authorise your employer to make deductions from your salary and donate them on your behalf via the IRD to Life Matters Suicide Prevention Trust.

If your employer already has standard form for authorisation of Payroll Giving donations ensure that you enter the donee organisation details set out below so your donations reach us

### EMPLOYEE DETAILS

Employee Name:

Employee Reference:

*If you have a Payroll number or code  
enter it here*

### DONEE DETAILS

Donee Organisation Legal Name:

Donee Organisation Address:

### DONEE BANK DETAILS

Bank:

Branch:

Account Number:

Account Name:

### EMPLOYEE DETAILS

Donation Type: *One off donation* ☐ *Regular donation (each pay)* ☐

Donation Amount:

### DECLARATION

I declare that my donation is a voluntary donation and is not fees or payments ☐

I consent to my personal details being passed onto my donee organisation if requested ☐

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_