



WORKPLACE GIVING - DEDUCTION AUTHORITY

This form can be used by staff to arrange a direct Workplace Giving Contribution to a charity or charities of their choice. Staff can make a Tax Deductible donation to an endorsed Deductible Gift Recipient (DGR) through their pay on a regular basis. It is recommended that staff seek independent financial advice before making this commitment. All proceeds will be forwarded to the charity or charities nominated via their nominated bank account.

Employee Information

Employee No. _____

Department: _____

Surname: _____

First Name / Initials: _____

Payroll Deduction Information (Please select one or more charities)

Description	New	Change	Cancel	Suspend	Account Name – BSB – Account Number	Per Pay Amount (Must be > \$5.00)	Start Date
	Select with X						
Workplace Giving – Community Foundation					Community Foundation BSB 313140 AC 120182249	\$	/ /
Workplace Giving – La Trobe University / Bendigo TAFE / Kangan					Bendigo Tafe / La Trobe BSB 633000 AC 138103585		
Workplace Giving – The OTIS Foundation – Breast Cancer Retreats					OTIS Gift Account BSB 633 000 AC 117144170		
Workplace Giving – Foodshare					Bendigo Foodshare Fund BSB 083 543 AC 74 041 1120		
Workplace Giving – Aspire					Sacred Heart Cathedral Bendigo Cultural Fund BSB 083 543 AC119044465		
Workplace Giving – Haven; Home, Safe					Haven; Home, Safe BSB 633-000 AC 104015318		
Workplace Giving – Bendigo Health Foundation					Foundation Charitable Trust BSB 633-000 AC 101240125		
Workplace Giving – Loddon Campaspe Multicultural Services Inc.					LCMS BSB 600 000 AC 151 667 276		
Workplace Giving – Bendigo Sustainability Group					Sustain Bendigo Account BSB 633000 AC 135526184		
Workplace Giving – Bendigo Disability Access Fund					Bendigo Disability Access Fund BSB 633000 AC 138103585		

Employee Declaration

I authorise my employer to make deductions from my earnings for Workplace Giving. I declare that this deduction is of a voluntary nature. I acknowledge that I have been advised to seek independent financial advice before commencing this arrangement.

Employee Signature _____

Date of Agreement _____

Thank you for your kind donation