

## Workplace Giving Program - Participation Form

Once completed, please scan and email to [workplacegiving@msssecurity.com.au](mailto:workplacegiving@msssecurity.com.au)

REQUESTED ACTION (Tick one)	JOIN <input type="checkbox"/>	CHANGE <input type="checkbox"/>	WITHDRAW <input type="checkbox"/>
EMPLOYEE NUMBER			
EMPLOYEE FIRST NAME (Please print)			
EMPLOYEE SURNAME (Please print)			
EMPLOYEE DATE OF BIRTH			
EMPLOYEE PHONE NUMBER			
EMPLOYEE WORK STATE (Please print)			
EMPLOYEE EMAIL			
EMPLOYEE PAY CYCLE (Tick one)	FORTNIGHTLY <input type="checkbox"/>	MONTHLY <input type="checkbox"/>	
DOLLAR AMOUNT TO BE DEDUCTED PER PAY PERIOD  (These donations have already reduced your Taxable income)	(Tick to receive marketing material)		
	1. Royal Flying Doctor Service	\$ <input style="width: 80px;" type="text"/>	<input type="checkbox"/>
	2. Black Dog Institute	\$ <input style="width: 80px;" type="text"/>	<input type="checkbox"/>
	3. The Big Issue	\$ <input style="width: 80px;" type="text"/>	<input type="checkbox"/>
	4. Alzheimer's Australia	\$ <input style="width: 80px;" type="text"/>	<input type="checkbox"/>
	TOTAL DEDUCTION PER PAY PERIOD <i>(Minimum \$5)</i>		\$ <input style="width: 100px;" type="text"/>
DATE EFFECTIVE FROM			

Employee Signature	Print Name	Date

Payroll office use only:		
Payroll Officer Signature	Print Name	Date