

DEPARTMENT OF JUSTICE, EQUALITY AND LAW REFORM

PRISON PAYROLL

DEDUCTION AUTHORISATION FORM

ORGANISATION NAME: **P. O. M. A. S**

To: The Accountant; Department of Justice, Equality and Law Reform

I hereby agree to have my contributions to the above-named organisation deducted each week / fortnight from my salary. Such contributions will be paid to the above-named organisation on my behalf. I, also, agree that deductions shall continue to be made unless otherwise notified by the above-named organisation and that the rate of deductions may be changed from time to time by the above named organisation. I recognise that, beyond making remittance to the organisation concerned equivalent to the amount deducted, the State accepts no further responsibility in the matter. I also recognise that the ultimate responsibility for ensuring that the deductions have in fact been made rests with me.

Signature: _____

Block Capitals: _____

Date: / /

Employee No.: _____

Purpose

(N = New, C = Change, S = Stop)

Organisation Code:

Employee Registered No.:

Amount per Pay Period (/ fortnight):

€ _____

Start Date:

/ /

End Date:

/ /

Reference (Account / Policy No.):

Number of Deductions: (Possibly leave blank)

For Office Use

Enter for pay day _____

Initials _____

Date / /

Checked: _____

Initials _____

Date / /