

**DRUG ARM AUSTRALASIA EMPLOYEE
PAYROLL DEDUCTION REQUEST**

Name: _____

Address: _____

Division/State: _____

I hereby authorise DRUG ARM to deduct from my salary **each week** the following amount as a donation to support the programs of DRUG ARM Australasia.

Amount per week \$ _____

Commencement date: _____

Signature: _____

Date: _____