



Deduction authority

I hereby authorise Victoria Police Payroll to deduct the amount selected below from my fortnight salary and pay to the Police Veterans Victoria (Inc).

DEDUCTION AUTHORITY			
Member Name			
Rank		VP Number	
Station		Phone number	
Amount to be deducted			
Effective from date:			

This form MUST be emailed to HRASSIST-CP-MGR@police.vic.gov.au from your Victoria Police email account in order to confirm your deductions to PPV Inc.