



## 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 633000 AC 117144170		
Workplace Giving Foodshare					Bendigo Foodshare Fund BSB 083543 AC 740411120		
Workplace Giving Aspire					Sacred Heart Cathedral Bendigo Cultural Fund BSB 083543 AC 119044465		
Workplace Giving Haven; Home, Safe					Haven; Home, Safe BSB 633000 AC 104015318		
Workplace Giving Bendigo Health Foundation					Foundation Charitable Trust BSB 633000 AC 101240125		
Workplace Giving Loddon Campaspe Multicultural Services Inc.					LCMS BSB 600000 AC 151667276		

Workplace Giving <b>Bendigo Sustainability Group</b>					Sustain Bendigo Account BSB 633000 AC 135526184		
Workplace Giving <b>Bendigo Disability Access Fund</b>					Bendigo Disability Access Fund BSB 633000 AC 138103585		
Workplace Giving <b>Discovery Science &amp; Technology Centre</b>					Discovery Centre BSB 633000 AC 155042708		

### 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.

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Employee Signature

Date of Agreement

Thank you for your kind donation!