

NAME

PHONE NUMBER:

EMAIL ADDRESS:

HOME ADDRESS

COMPANY NAME

EMPLOYEE NUMBER:

I hereby authorise the company listed above to deduct the sum of:

\$5

WEEKLY

\$10

FORTNIGHTLY

\$15

MONTHLY

\$20

OTHER

from my pay to be credited to the Māori Literature Trust.

This authority will take effect from _____ and will continue until withdrawn by me in writing.

Signed:

Date:

FOR EMPLOYER USE:

The Māori Literature Trust has charity status by Inland Revenue and is eligible to receive donations through Payroll Giving.

Māori Literature Trust Board | Bank Account 38-9020-0364283-00 | Charity Number CC25172