

GENERAL DEDUCTION AUTHORITY FORM



ABN: 50 613 819 248
Apprenticeships Are Us Limited
PO Box 1456
Parramatta NSW 2124

Apprentice Name	
Apprentice - Date of Birth	
Host Employer	
TOTAL LOAN AMOUNT	
Reason for Loan	

Please read the following statements and initial each statement acknowledging you understand its terms;

Statement	Initials
I acknowledge that I owe the total amount shown above.	
I agree to have \$ __50__ deducted from my pay each week until the amount owing is paid in full.	
I understand that if I leave my employment with Apprenticeships Are Us Limited for any reason, I still have to pay the balance of the amount owing that has not yet been paid.	
If I still owe an amount to Apprenticeships Are Us Limited when I leave my employment, I authorise Apprenticeships Are Us Limited to deduct the full amount owing from any unpaid wages or annual leave owing to me.	
I authorise Apprenticeships Are Us to set aside my annual leave entitlements up to the value of amount owing as security against my loan until the amount is paid in full.	

CONFIRMATION OF AUTHORITY TO DEDUCT FUNDS

Applicant Name	
Applicant Signature	
Date	
Name of Parent/Guardian (If under 18 only)	
Signature of Parent/ Guardian	

OPTIONS FOR FULL PAYMENT

CREDIT CARD payments – please call our office on 03 9898 2887.

Internal Use Only

Process	Signature	Date
Account Manager - completion		
GTO Manager - confirmation		
Accounts - initiated		