

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 Business	
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 \$____ 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 Limited 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 02 9891 6900 and ask to speak to Accounts.

Internal Use Only

Process	Signature	Date
<i>Apprentice Employment Manager - completion</i>		
<i>GTO Manager - confirmation</i>		
<i>Accounts - confirmation</i>		