

Authority to make deductions from wages/salary



Please read this form carefully before filling it in. When it is complete, send or give it to your employer.

NAME OF EMPLOYER _____

ADDRESS OF EMPLOYER _____

I _____ authorise you to pay
Kāinga Ora – Homes and Communities, out of wages/salary payable to me, the sum of
_____ dollars _____ cents,

every week/fortnight, starting from ____ / ____ / ____

I further authorise you to adjust the above payment in future, by the amount of any increase or decrease in rent as notified in writing by me, following a rent review.

When making payments please quote the following payment reference number

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For direct credit purposes Kāinga Ora's bank account is

BANK	BRANCH	ACCOUNT	SUFFIX
0 2	0 1 9 1	0 1 1 8 6 6 8	0 0 0

PAYEE REFERENCE (payment reference number)

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PAYEE PARTICULARS (customer name)

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SIGNED _____ **DATE** ____ / ____ / ____

----- Please cut here -----

Acknowledgement of deductions from wages/salary

To be returned to Kāinga Ora at the address below:

Kāinga Ora – Homes and Communities

PO BOX _____
CITY/TOWN _____
ATTENTION _____
PAYMENT REFERENCE

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Employer – please complete the following details:

We acknowledge the authority signed by _____
to make rent payments to Kāinga Ora – Homes and Communities.

Payment of \$ _____ will be sent/direct credited every week/fortnight, starting from ____ / ____ / ____

SIGNED _____ **DATE** ____ / ____ / ____

DESIGNATION _____ **DATE** ____ / ____ / ____

CONTACT TELEPHONE NUMBER (0 _____) _____