



CROWN COLLECTIONS LIMITED

PO Box 618, Rangiora, 7440

0800 463 578

office@crowncollections.nz

AUTHORITY TO DEDUCT DEBT INSTALLMENTS FROM SALARY/WAGES

Date: _____

Attention: Payroll Clerk

Company Name: _____

Address: _____

Department: _____

Occupation: _____

Employee #: _____

I (Full name): _____ irrevocably authorise Crown Collections Limited to deduct from my salary/wages, in addition to any amounts already deducted, an amount of \$ _____ per week / fortnightly / monthly commencing from next pay dated ____/____/____ after receipt of this form and to pay such amounts on my behalf to Crown Collections Limited towards my account.

If paying by Direct Credit, the account is BNZ, Wellington, account number: 02-0876-0302214-02 quote reference (Crown Collections/ _____).

Please ensure that reference number and name is clearly quoted to identify the payment our end.

Weekly \$ _____

Fortnightly \$ _____

Monthly \$ _____

Information to be included with payments:

Reference #: _____

Account Name: _____

Signed Account Holder: _____

Date: ____/____/____