

SECAMB BENEVOLENT FUND

REGISTERED CHARITY No. 1029472

AUTHORISATION FOR WAGES DEPARTMENT TO DEDUCT MONTHLY SUSBSRIPTION

Name: ..... Payroll Number: .....

Station / Department: .....

I ..... authorise the wages department of SECAMB to deduct the sum of £1.00 (one pound) per month, with effect from ..... / ..... / ..... until cancelled in writing by myself or my representative. For my membership of the SECAMB Benevolent Fund.

Signature: .....

Membership runs from April to March.