



Association for Tertiary  
Education Management

*connecting your career with people and practice*

## ATEM Payroll Deduction Authorisation Form

ATEM Membership Number \_\_\_\_\_ *(if currently a member)*

Family Name \_\_\_\_\_

Given Names \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Contact email \_\_\_\_\_

Employee Number \_\_\_\_\_

Place of work \_\_\_\_\_

Address \_\_\_\_\_

### Authority

I authorise \_\_\_\_\_ (Name of employer) to deduct from my salary  
the sum of \_\_\_\_\$4/week\_\_\_\_\_(amount) for payment of membership fees for the Association  
for Tertiary Education Management Inc.

These deductions will occur on fortnightly basis.

Unless otherwise specified, deductions will commence from the pay period commencing after the  
date of the new/changed cover specified on this authority. This authority remains in effect until  
cancelled by me, in writing.

Should the amount payable by me be altered by ATEM by reasons of alteration of premiums, then  
this authority will extend to cover the altered deductions.

On completion, please hand this form to your payroll officer.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_