

Garda Payroll Deduction Authorisation Form

Office Stamp

Garda Representative Association

To: Accountant, Department of Justice

I hereby agree to have my contributions to the Garda Representative Association deducted each week from my salary. Such contributions will be paid to the Garda Representative Association on my behalf. I also agree that deductions shall continue to be made unless otherwise notified by the Garda Representative Association and that the rate of deductions may be changed from time to time by the Garda Representative Association. I recognise that, beyond making remittance to the organisation concerned equivalent to the amount deducted, the State accepts no further responsibility in the matter. I also recognise that the ultimate responsibility for ensuring that the deductions have in fact been made rests with me.

Name (Block Capitals): _____ Registered No. _____

Signature: _____ Date: _____

Purpose: N N = New
C = Change
S = Stop

GRA Code:

6	0	0	7
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Registered Number:

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Start Date: (leave blank)

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End Date: (leave blank)

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For Office Use Only

Enter for payday _____ Initials: _____ Date: _____

DED.GEN Checked: _____ Initials: _____ Date: _____

Garda Representative Association

Please complete:

Reg No: _____ Name _____ Date of Birth: _____

Date Commencement of Training: _____ Class: _____

Date of Attestation: _____ Station: _____

Marital Status: _____ Date of Marriage: _____ Name of Spouse: _____

Children:	Name	Date of Birth
	_____	_____
	_____	_____
	_____	_____

Mailing List Address: _____

Signed: _____ Date: _____

Please return form to:- Garda Representative Association, Floor 5, Phibsboro Tower, Dublin 7.