

# Garda Payroll Deduction Authorisation Form

Office Stamp
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## Garda Review

To: Accountant, Department of Justice

I hereby agree to have my contributions to the Garda Review deducted each week from my salary. Such contributions will be paid to the Garda Review on my behalf. I also agree that deductions shall continue to be made unless otherwise notified by the Garda Review and that the rate of deductions may be changed from time to time by the Garda Review. 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
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 N = New  
C = Change  
S = Stop

GRA Code: 

9	2	1	7
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Amount per week: €1.00 (includes postage)

Registered Number: 

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<b>For Office Use Only</b>	
Enter for payday _____	Initials: _____ Date: _____
DED.GEN Checked: _____	Initials: _____ Date: _____

## Garda Review

Please complete:

Reg No: \_\_\_\_\_ Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_

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

Mailing List Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please return form to:- Subscriptions Department, Garda Review, Floor 5, Phibsboro Tower, Dublin 7.