CP2

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

AUTHORITY TO DEDUCT CAR PARK TARIFF FROM SALARY

(PLEASE COMPLETE IN BLOCK CAPITALS)

To: (Employer) **SOUTH EASTERN HEALTH AND SOCIAL SERVICES TRUST**

First Names: _____

Surname: _____

Address: _____

_____

_____

Staff Number: _____

Employment Base: _____

I authorise the deduction from my Salary / Wages until further notice, the sum of £15.00 / £11.00* per calendar month or £3.46* / £2.75* per week – delete as appropriate*

Start Date: _____

Signature: _____ ***Date:***_____

Witness:_____ ***Date:*** _____

First deduction to be taken in the month: _____ ***Amount: £***_____

Amount Thereafter: £_____

Please return this form to:

Security Centre, Terraced Car Park, Ulster Hospital