

EMPLOYEE DONATION AUTHORITY

FORM

- ☐ **YES.** I would like to support the Change a Life initiative, so please enrol me in the Computershare workplace giving scheme.
- ☐ **NO.** I no longer wish to donate. Please cancel my Change a Life payroll donation.
- ☐ **CHANGE.** I wish to change my authorised Change a Life payroll donation to the amount specified below.

Name:	
Payroll No (if applicable):	
Country:	
Phone/Ext:	
Email Address:	

I hereby authorise the amount of effective from my salary being a regular payroll donation.

I hereby authorise the amount of effective from my salary as a one-off donation.

I acknowledge that should I wish to change the status of my donation, I will need to advise the payroll office as soon as possible.

Signature: _____ Date: _____

Once completed, please forward this form to your Payroll Department.

Thank you for supporting Change a Life.