

Non - NTG employee payroll deduction form

Employee details

This form is for employees outside of the Northern Territory Government to arrange rent deductions from their wages.

You can return the completed form to your Housing Officer who will send it to your nominated employer contact. You will need to make sure your employer contact details are accurate to ensure your deductions can commence.

| Employee details | | | |
|--|--|--|-----|
| Client TMS account number | | TMS Group number | |
| Title | Mr / Mrs / Miss / Ms / Other | Date of birth | / / |
| Full name | | | |
| Residential/ Community address | | | |
| Work phone | | Mobile | |
| Email | | | |
| Nominated employer details | | | |
| Employer | | | |
| Contact name | | | |
| Employer postal address | | | |
| Contact number | | Email | |
| Deduction request | | | |
| <input type="checkbox"/> Commence new deduction | <input type="checkbox"/> Cease existing deduction | <input type="checkbox"/> Change existing deduction | |
| Deduction commencement | | | |
| Start Date (choose one only) | <input type="checkbox"/> from my next available payment date <input type="checkbox"/> from my specified date | | |
| If you selected a specified date, provide start date | / / | | |

| Deduction description | Amount | Frequency (choose one only) |
|-------------------------|--------|--------------------------------|
| Rent / Maintenance levy | \$ | Weekly / Fortnightly |
| Rent arrears | \$ | Weekly / Fortnightly |
| Bond | \$ | Weekly / Fortnightly |
| Bond assistance | \$ | Weekly / Fortnightly |
| Ceased accounts | \$ | Weekly / Fortnightly |
| Excess water | \$ | Weekly / Fortnightly |
| Maintenance | \$ | Weekly / Fortnightly |

Employee Declaration

I, (full name)

- Authorise the details in this form to be sent to my nominated employer on this form.
- Wish to commence my rent and/or any other deductions outlined in this form from my regular income.
- Understand my personal information will be treated in a confidential manner in accordance with the Information Privacy Principles at schedule two of the *Information Act 2002* (NT).
- Understand my information will only be disclosed between my employer, nominated on the front of this form, and the Department of Territory Families, Housing and Communities.
- Am able to access and correct any information held about me.
- Can withdraw this deduction in writing at any time.

Signature

Date

/ /

Employer processing instructions

- Only one payment type should be processed per transaction.
- Transaction reference number should include the client's TMS account number on the front of this form. This number must be a seven digit number starting with 7.
Deduction descriptions should be entered in the reference field of each transaction, e.g. 7123456 Excess Water H Smith, 7987654 Rent H Smith etc.
- Please contact the Department of Territory Families, Housing and Communities if you have any queries regarding this form.

Please make deductions payable to

| | | | |
|--------------|---|----------------|-----------|
| Account name | Department of Territory Families, Housing and Communities | | |
| Bank | National Australia Bank | | |
| BSB | 085-461 | Account number | 512610006 |

DECLARATION

Disclaimer

The Department of Territory Families, Housing and Communities collects only your personal information, which is necessary to provide housing assistance under the *Housing Act 1982* and its regulations. If you do not provide the requested information we may not be able to provide you with assistance. The information collected will not be disclosed to anyone without your consent unless it is required or authorised by law in accordance with the Information Privacy Principles at Schedule 2 of the *Information Act 2002 (NT)*. You have a right to access and correct the information held about you.

If you have any queries or concerns, please contact the Information Access Unit on (08) 8999 8490, email tfhc.infoaccess@nt.gov.au or write to PO Box 37037, Winnellie NT 0820.

OFFICE USE ONLY - Department staff to complete

| | | | |
|-----------------|--|-----------------------|-----|
| TFHC staff name | | | |
| Contact number | | Date sent to employer | / / |
| TRM number | | | |