

VOLUNTARY DEDUCTIONS FROM PAY

To: Force Pay Section

A. I hereby authorise the following additional deductions to be made from my pay or such sum as may from time to time be determined as my appropriate deduction.

| Deduction: | Donation Amount £ | Select/ Tick |
|---|----------------------|--------------------------|
| GROUP INSURANCE (Please see note below*) | 24.60 | <input type="checkbox"/> |
| GROUP INSURANCE LIFE (Please see note below*) | 5.41 | <input type="checkbox"/> |
| GROUP INSURANCE LIFE – PARTNER (Please see note below*) | 5.41 | <input type="checkbox"/> |
| POLICE FEDERATION <i>(Police Officers only)</i> (Please see note below*) | 23.58 | <input type="checkbox"/> |
| THE POLICE TREATMENT CENTRES (HARROGATE HOME) | 7.80 | <input type="checkbox"/> |
| THE POLICE CHILDREN'S CHARITY | 1.51 | <input type="checkbox"/> |
| WELFARE FUND | 1.50 | <input type="checkbox"/> |
| CANCER CAMPAIGN (Enter Donation Amount) | | <input type="checkbox"/> |
| CARE OF POLICE SURVIVORS (COPS) (Enter Donation Amount) | | <input type="checkbox"/> |
| POLICE DEPENDANTS FUND (Enter Donation Amount) | | <input type="checkbox"/> |
| GRIMSBY SOCIAL CLUB | 6.00 | <input type="checkbox"/> |
| NORTHBANK POLICE SPORTS CLUB | 5.00 | <input type="checkbox"/> |
| NEW LAKE ANGLING | 3.25 | <input type="checkbox"/> |
| Other- Enter Name <input style="width: 150px;" type="text"/> (Enter Donation Amount) | | <input type="checkbox"/> |

* If selected - Please send this completed form directly to the Federation Office - see Intranet for details

B. Please cancel my subscription to:

Name:

FIN No:

Branch/Unit:

Payroll No:

Start Date:

Signature:

Date:

Unless otherwise indicated (* above) – please either:

❖ Email this completed form to the Payroll SPOC Box (please send from your work email):
payslip.enquiries@humberside.pnn.police.uk

❖ Sign this completed form and send to the Payroll Team: Humberside Police HQ
Priory Road, Hull, HU5 5SF