



GARDA PENSION DEDUCTION FORM

To: ACCOUNTANT OF DEPARTMENT OF JUSTICE

I hereby authorise you to have my contributions to the above named organisation deducted each month from my salary. Such contributions will be paid to the above named organisation on my behalf. I also agree that such deductions shall continue to be made unless otherwise notified by the above named organisation. 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.

Member Name:

Mobile Phone Number:

Retirement Date: (DD/MM/YYYY)

D	D	M	M	Y	Y	Y	Y
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Garda Registered Number:

Pension Number:

Email Address:

Total Deduction: €

Account Split:

Loan: €

Shares: €

Budget: €

Current: €

Other Account Splits:

Account Number:

Amount:

€							
€							
€							
€							

Please tick the box if you are clearing all loans with gratuity payment

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Note: New deductions may take up to two months to start, therefore payments to loan and budget accounts will need to be continued while awaiting this new monthly payment to be set up.

Member Signature:

Date: (DD/MM/YYYY)