# 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								
Title	☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ C			ther	Date of birth		/	/
Full name								
Residential/ Community address								
Work phone				Mobile				
Email								
Nominated emplo	yer det	ails						
Employer								
Contact name								
Employer postal address								
Contact number				Email				
Deduction reques	t							
TMS Group number			TMS Accou	nt number				
☐ Commence new deduction		☐ Cease existing	deduction	□ CI	hange exis	ting de	duction	
Deduction commencement								
Start date (choose one only)		☐ from my next	available payı	ment date $\square$	from my	specifie	d date	
If you selected a s	pecified	l date, pr	ovide 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	/ /	
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### **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: TMS account number, first name and surname) e.g. 7123456 Henry Smith.
- If you have any queries regarding this form, please contact the Department of Territory Families, Housing and Communities Finance Unit on (08) 8999 8888 or via email <a href="mailto:TFHC.bankingenquiries@nt.gov.au">TFHC.bankingenquiries@nt.gov.au</a>.

Please make deductions payable to					
Account name	Department of Territory Families, Housing and Communities				
Bank	National Australia Bank				
BSB	085-933	Account number	432 873 382		

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#### 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 Freedom of Information Department of Corporate and Digital Development on (08) 8999 1793, email <u>FOl@nt.gov.au</u> or write to PO Box 2391, Darwin NT 0801.

Office use only - Department staff to complete					
TFHC staff name					
Contact number		Date sent to employer	/	/	
TRM number					