

Workplace Giving Authorisation Form



This form is designed to assist employees from various organisations to activate a regular Workplace Giving donation to Good Sammy Enterprises from their payroll deductions.

Employee Details:

Full Name: _____

Employee ID: _____ Department: _____

Email: _____ Phone: _____

Charity Details:

Name of Charity: Good Samaritan Industries trading as Good Sammy Enterprises

ABN: 63 826 265 059

DGR Status: *Endorsed as a Deductible Gift Recipient (DGR) under Subdivision 30-BA of the Income Tax Assessment Act 1997*

WA Charity Licence: 17780

ACNC Registration: [Good Samaritan Industries ACNC Profile](#)

Address: 33-35 Bannister Road, Canning Vale WA 6155

Charity Contact: Sonia Nolan, Executive Manager, Impact and Engagement
E: fundraising@goodsammy.com.au | M: 0401 034 103



Bank Account: Account Name: Good Samaritan Industries
Bank: Beyond Bank
BSB: 325 – 185
Account Number: 04117556
Please reference: *WPG and your company name*

Donation Details:

I authorise the Payroll Department to deduct the following amount from my wage/s/ salary and donate it to the above-mentioned charity:

Donation Amount (per pay): \$ _____ Start Date: ____/____/____

Pay Frequency: Weekly Fortnightly Monthly

This is a recurring donation until I notify the Payroll Department in writing to amend or cancel.

I request a summary of donations for my tax records at the end of the financial year. (*note that this is not a tax-deductible receipt*)

I consent to my name and contact details being shared with the charity for acknowledgement or tax-deductible receipt purposes.

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Employee Declaration and Consent:

I understand and acknowledge that:

- The deduction will be made from my **post-tax income**, unless otherwise arranged.
- I can **amend or cancel** this arrangement at any time by providing **written notice** to the Payroll Department.
- The charity nominated is registered with the ACNC and is a **DGR-endorsed organisation**, eligible to receive tax-deductible donations.
- Donations are **voluntary** and not a condition of employment.
- The company is **not responsible for issuing tax-deductible receipts**; I will obtain them from the charity if required.
- My personal information will be handled in accordance with the **Privacy Act 1988** and used only for administering this arrangement.
- My company will advise Good Sammy of my Workplace Giving sign up by providing a copy of this form or an email with details to: fundraising@goodsammy.com.au

Signature

____/____/____
Date

Payroll Office Use Only:

Received by: _____
Date Received: _____
Commencement Date: _____
Payroll System Updated: _____
Notes: _____

Compliance Notes for Employers (Internal Use Only):

- ❖ Advise Good Sammy of Workplace Giving sign up. You can provide a copy of this form or an email with details to: fundraising@goodsammy.com.au
- ❖ Maintain a record of employee authorisations and any changes. Ensure compliance with **Fair Work Act 2009** and **Privacy Act 1988** in handling payroll and personal information.
- ❖ Record donations separately in the payroll system and provide year-end summaries if requested.
- ❖ Provide Good Samaritan Industries (t/a Good Sammy Enterprises) with a summary of donations upon request for employee tax receipts.
- ❖ Charity's current DGR status verified via ABN Lookup
- ❖ This Workplace Giving Program complies with [ATO Workplace Giving Guidelines](#).