

Bike to Work Authorisation Form

Full Name	
Department	
Full Amount	
Repayment period (Maximum of 52 weeks/12 months)	
Payment per pay period	

I, _____, authorise the payroll department of Allcare Pharmacy to deduct
 €_____ per week/month, over the next _____ weeks/months from my salary.

I understand that if my employment ceases before the scheme is paid off, the company will deduct
 the balance owed from my final pay.

Employee Signature

Date

HR Approval

Date

HR OFFICE USE ONLY: Payment Details			
Invoice attached:		Cheque request sent:	
Scanned to Personnel file <input type="checkbox"/> Cheque issued to employee/shop <input type="checkbox"/> Deductions added to Sage <input type="checkbox"/>			