



THE POLICE TREATMENT CENTRES DEDUCTION FROM PAY AUTHORITY

FORCE NO _____ PAYROLL NO _____

SURNAME _____ FORENAME(S) _____

DATE OF BIRTH _____ DATE OF JOINING _____

HOME ADDRESS _____

POSTCODE _____

TELEPHONE _____ MOBILE _____

AREA COMMAND _____ STATION _____

EMAIL ADDRESS _____ N.I. NO. _____

I wish to subscribe to the THE POLICE TREATMENT CENTRES, and hereby authorise the Chief Constable to deduct a four weekly amount of £5.20 from my pay.

SIGNED _____ DATE _____