Version:1.10.0.3

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**ESSEX POLICE FEDERATION TRAVEL CONCESSION**

I, **(insert rank and collar number),** hereby authorise the deduction of £35pcm from salary (or such other amount as my be published and agreed) as participation in the Essex Police Travel Concession with Greater Anglia, including C2C.

I agree to be bound by the terms and conditions of carriage as may be published and agreed by Greater Anglia and EPF from time to time.

I further accept that this deduction shall be for a minimum period of three months from the date of joining and that, should I wish to terminate this agreement, I shall give the Federation one months’ notice of cancellation and I shall be prevented from rejoining for a period of three calendar months therafter. I also agree to return any identification card, that is issued in connection with this concession, back to the Federation office at the same point.

tick box

|  |  |
| --- | --- |
| I confirm I have been attested |  |
| I confirm I have completed my defensive skills training |  |

This Agreement is not regulated by the Consumer Credit Act 1974 and 2006 (as amended).

Signed .............................................................................................

Witnessed by ...................................................................................

Date .................................................................................................

**ESSEX POLICE FEDERATION TRAVEL CONCESSION**

I, **(insert rank and collar number),** hereby authorise the Treasurer to the Police Authority to make a deduction from my salary of **£****35 per month commencing on (insert date).**

Signed .........................................................................................

......................................................................................................

(Collar Number and Full Name in Block Capitals)

Date ............................................................................................

Station & Division ......................................................................

Payroll Number .........................................................................

Witnessed by ............................................................................

**IMPORTANT:**

Please provide below the name of your train station of departure in respect of your normal daily journey ………………………….……………………………………………………………………….

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**To be completed by the Federation Office**:

Instructions given to the Payroll Department by ………………………………………………………

Date ………………………………………………………….....................................................................