



Cancel EdPay Service Authorisation - EdPay5c

Please email the completed form to support@novopay.govt.nz

Important: Do not attach forms for more than one employee to the same email message

Version: 1.0

Mandatory fields are marked with an asterisk (*). These fields **MUST** be completed.

Refer to the Education Payroll website www.educationpayroll.co.nz/privacy for Education Payroll Ltd's privacy statement on the storage, collection and sharing of personal information

Identifying details

1. School number *
2. School name *

Cancel authorised user

3. MOE number *
4. Surname *
5. First name *
6. Email address *
7. Effective date *

(dd/mm/yyyy)

Authoriser

As a duly authorised representative of the Board of Trustees, I confirm that:

- The above named employee's access to the Novopay and EdPay services are to be canceled as at the effective date shown on this form.
- This individual will no longer have access to payroll information in Novopay or EdPay.

Duly delegated authorised
representative of the board

Signature *

Date *

(dd/mm/yyyy)

Name *

Designation *

To be signed by the principal or Board of Trustees chair or delegate