

Payroll Authority Form

PAYROLL SPLIT DETAILS

To be returned to First Option Credit Union

Given Name(s)

Surname

Employer name

Effective date

Pay frequency Weekly Fortnightly Monthly

Member Number

Account Type (eg. S1, L4)

Amount

Signature

Date



PAYROLL AUTHORITY

To be detached and returned to your Payroll Department

Employee name

Employee Number

BSB No.

Account Number

Employer

Effective date

I hereby authorise you to deduct from my wages or salary \$ per
and send the amount deducted to First Option Credit Union Limited. This form cancels any previous authorities.

Signature

Date