

Payroll Deduction Authority – Cancels Previous Authority



HEAD OFFICE
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SYDNEY OFFICE
 GPO BOX 4168 Sydney NSW 2001
 P 1300 855 675 F 02 9211 2374
 W www.firstoptioncu.com.au

Please complete both sections and return top portion to your payroll department

BSB

To the Payroll Officer: Member Number

Employer:

Employee No:

I, _____ hereby authorise you to deduct from my wages or salary
 \$ _____ per _____ and to remit the amount deducted to the First Option Credit Union Limited.

All previous authorities in favour of the First Option Credit Union are hereby cancelled.

Effective pay period:

Signature

Date

New Authority **Variation to Existing** **Reallocation of Existing**
 (Please Tick ✓)

✂

Date Member Number

Employer:

Employee No Name

Pay Period is: (Please Tick ✓) Weekly Fortnightly Monthly

Member Number	Type of Account (eg. S5, S8)	Amount
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
		Total \$ <input type="text"/>

Effective pay period:

Signature

Date