

Payroll Distribution



Personal Details			
<input type="checkbox"/> Member <input type="checkbox"/> Joint Member <input type="checkbox"/> POA			
Member Number			
Surname	Given Name(s)		
Have your address or contact details changed recently? No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, please complete Change of Details Form			
Deduction Details			
Any applications for new payroll deductions or alterations to existing payroll deductions may require a 'Payroll Deduction Authority' or verbal authorisation to be completed by their Employer.			
New payroll <input type="checkbox"/> After Existing Payroll <input type="checkbox"/>			
Employer's Name	Direct Supplier No.		
Deduct	<input type="checkbox"/> Whole of Pay <input type="checkbox"/> Set Deduction <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly		\$
Member/Account Number	Account Name	Account Type	Payment
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$ Remaining Balance
		TOTAL	\$
Signatory Conditions			
I agree to be bound by the Terms & Conditions of the products requested and now supplied to me and acknowledge that my signature on this application form signifies acceptance of these Terms & Conditions. If Terms & Conditions, Access brochure, and Fees & Charges brochure have not been provided, please ask a staff member before signing this document.			
Member Signature	Date		

Office Use Only			
OP ID		Date	