



PAYROLL DEDUCTION AUTHORITY

ATTENTION: The Paymaster at _____

Employee Name: _____ Employee Number: _____

I hereby authorise you to remit the sum of \$ _____ or whole net pay (*circle if applicable*)

to be deducted each: week fortnight month – to **Firefighters Credit Union**

BSB:

8	0	3
---	---	---

 -

2	0	9
---	---	---

Account:

--	--	--	--	--	--	--	--

All previous authorities in favour of Firefighters Credit Union are hereby cancelled.

Signed

Date

Tear off below and send to Firefighters Credit Union

Please complete details below for your Credit Union's information

Member Name: _____ Member Number: _____

Employer Name: _____ Supplier Number: _____

(Important Note: If not already paid in by me, I authorise the deduction of \$10.00 from my first deposit for my shares)

The payroll deduction for the above listed Employer are to be credit as follows:

Loan Account (L___) \$ _____

Loan Account (L___) \$ _____

Savings Account (S1) \$ _____

Christmas Club (S4) \$ _____

Cash Maximiser (S6) \$ _____

Budget Savings (S8) \$ _____

Remainder (S___) \$ _____

TOTAL \$ _____

Affiliated Member Account _____

Loan Account (L___) \$ _____

Savings Account (S1) \$ _____

Christmas Club (S4) \$ _____

Cash Maximiser (S6) \$ _____

Budget Savings (S8) \$ _____

TOTAL \$ _____

Signed

Date

OFFICE USE ONLY

Loaded By: _____ Date Loaded: _____