

# Payroll Deduction Authority

New  Alteration  To take effect on  /  /

Membership number / Account number

Member name

Employer name

Pay number

Supplier number

Email

☐ Whole of pay, OR (I acknowledge all other Bank redirections to cease)

☐ Set deduction of \$

## SIGNATURE

Date

 /  / 

## OFFICE USE ONLY

Received  /  /  Loaded ☐ New or charged SAMFS PRD to pink file ☐

**FSCU office use only - please split my pay between my accounts as indicated below**

Note: One account must be designated to receive the "Remainder"

| Account number       | Account type         | Name                 | 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"/> |
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