

Payroll Deduction Authority



EMPLOYEE

Employer Name

Pay Number

Supplier Number

PLEASE CANCEL ANY FURTHER DEDUCTIONS TO:

BSB - 805-013

Membership / Account No.

NEW DEDUCTIONS :

☐

New

☐

Alteration

To take effect on

2

0

☐

Whole of pay

OR

☐

Set deduction of

\$

☐

(I acknowledge all other Bank redirections to cease)

TO THIS ACCOUNT:

Member Name

Account Number

SIGNATURE

Date

/

/

FSCU OFFICE USE ONLY

Form Received ____ / ____ / ____

Sent to Shared Services ____ / ____ / ____

Staff Initial _____

Please split my pay between my accounts as indicated below.

TRANSFER FROM :

013

TRANSFER TO :

Acc Type	Account Number	Name	Account Description	Amount \$	How Often
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
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For transfers to other financial institutions please complete **Periodical Payment Authority Form**

Visit > <https://www.fscu.com.au/forms/>

SIGNATURE

Date

 / /