

Member Number 

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**Whole of Pay/Deduction Authority**

Surname

Given name/s

Home phone number  Work phone

Company

Department no.  Employee no.

**BSB Number 802 038**

Pay Frequency  Weekly  Monthly  Fortnightly  4 Weekly

Total Deduction \$  OR Whole of Pay \$

I hereby authorise the abovementioned Company/Organisation to remit my payments to Community First Credit Union Limited as indicated above.  
I have read, received and understood the PDS for Savings Account and Payment Services.

Member's signature  Date

Member number

Surname

Given name/s

Company

Department no.  Employee no.

Total Deduction \$  OR Whole of Pay \$

Please allocate my total deduction/net pay as follows:

MEMBER NUMBER	ACCESS ACCOUNT (S7)	RETIREMENT PLUS ACCOUNT (S4)	CHRISTMAS CRACKER ACCOUNT (S5)	BONUS SAVER ACCOUNT (S9)	SAVINGS ACCOUNT S	LOAN ACCOUNT L	LOAN ACCOUNT L	SUBTOTAL
<b>TOTAL</b>								

There is usually a time lag between lodgement and the pay day on which it becomes effective. Delays beyond the control of Community First in the receipt of money from your employer can occur, credit cannot be given for amounts deducted and held by your employer.

**OFFICE USE ONLY**

Checked by  Operator no.

Date forwarded  Dept. no.

Pay Frequency:  Weekly  Fortnightly  Monthly  4 Weekly