

# 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____