

# Payroll Authority Form

## PAYROLL SPLIT DETAILS

### To be returned to First Option Bank

Given Name(s)

Surname

Employer name

Effective date

       

Pay frequency

Weekly

Fortnightly

Monthly

Member Number

Account Type (eg. S1, L4)

Amount

 \$


 \$


 \$


 \$


 \$

Signature

 X

Date

       


## PAYROLL AUTHORITY

### To be detached and returned to your Payroll Department

Employee name

Employee Number

BSB No.

802 - 876

Account Number

Employer

Effective date

       

I hereby authorise you to deduct from my wages or salary

 \$

per

and send the amount deducted to First Option Bank Ltd. This form cancels any previous authorities.

Signature

 X

Date