

# Payroll Authority Form

## PAYROLL SPLIT DETAILS

### To be returned to First Option Bank

Given Name(s)

Surname

Employer name

Effective date

D	D	M	M	Y	Y	Y	Y
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Pay frequency ☐ Weekly ☐ Fortnightly ☐ Monthly

Member Number

Account Type (eg. S1, L4)

Amount

Signature

Date

D	D	M	M	Y	Y	Y	Y
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## PAYROLL AUTHORITY

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

Employee name

Employee Number

BSB No.

802 - 876

Account Number

Employer

Effective date

D	D	M	M	Y	Y	Y	Y
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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

Date

D	D	M	M	Y	Y	Y	Y
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