



To the Pay Officer

Employer Name:

Employer Address:

State Postcode

Employee Name:

Employee Number:

This is a:

- New Payroll Allocation Amendment Cancellation

Please (✓)

- Send my whole of net pay **OR** Send \$ per week/fortnight/month

Financial Institution: **Members Equity Bank**
23/360 Collins Street, Melbourne, VIC, 3000

BSB:

Account Number:

Account Name:

I certify that the above details are correct. I authorise you to remit my whole net pay or deduction to Members Equity Bank as indicated above. This authority, where it relates to my whole net pay, supersedes any existing authority for my whole net pay. Where this authority relates to deductions, it supersedes any existing authority for deductions. This authority is to continue until it is cancelled by me in writing.

Signature.....

Date.....