



# PAYROLL ACCOUNT ALLOCATION AUTHORITY

Please fill in the form completely, so that we can ensure that it is loaded properly into our system.  
**When complete, please fax to (02) 6391 5282.**

Member Number

Member Surname

Member First and Middle Name

Employer Name

Remitter Number

Start Date

End Date (if necessary)

I authorise Orange Credit Union Ltd to allocate the amount of payroll received from my Employer to the Accounts as detailed below. I understand that this account Allocation Authority will remain in force until varied in writing by me.

**Please note:** If more than 1 variation per month, you will incur our Payroll Account Allocation Variation Fee of \$5.00. This payroll account allocation authorisation will be discontinued upon change of employment.

Member Number	Member Surname	Account (S1, S2, etc.)	Old Amount \$	New Amount \$

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_ Time   am  pm

**OFFICE USE ONLY**

Staff ID  Last Actioned