

Member/Client Number(s) <input type="text"/>		Member Name <input type="text"/>	
Registered/Payroll No <input type="text"/>	Remitter No <input type="text"/>	Employer Name <input type="text"/>	Date <input type="text"/> / <input type="text"/> / <input type="text"/>

Deduction Details

Enter instruction for new deductions, alterations and cancellations. If the deduction is to remain the same, do not enter on the form. NB. If a deduction under this authority is to meet minimum loan repayments to the Bank, we may adjust the amount if it becomes less than the minimum loan repayments required.

Member/Client No.	Account Name	A/C Type e.g S2	Instruction New/Alter/Cancel	Current Amount (If new enter \$0)	New Amount

Member Signature Date / /

Police Bank Use Only

Whole of Pay Part of Pay from \$ _____ to \$ _____ Pay Cycle Weekly Fortnightly Monthly

Staff Operator Date Signature DES Initials

Complete following section only if Authority is to be sent to Employer. (If bottom section not completed, signature is still required.)

Member Name <input type="text"/>	Member Number <input type="text"/>
Occupation <input type="text"/>	Employer <input type="text"/>
Employer Address <input type="text"/>	Registered/Payroll No: <input type="text"/>
Telephone (Work) <input type="text"/>	Telephone (Home) <input type="text"/>
Service Centre/Section <input type="text"/>	Name of Supervisor/Manager <input type="text"/>

Instructions for Salary Deductions

- Whole of Pay - I require the balance of my wages (after deductions) to be sent to Police Bank and placed in the above accounts as directed.
- Part of Pay- I authorise and direct you to deduct from my wages each period an amount of \$ _____ to be remitted to the Police Bank.
- Change of Deduction - I authorise you to change the amount sent to the Police Bank from \$ _____ to \$ _____

Declaration

I authorise you as my employer to remit to the Bank by payroll deduction the amount(s) set out above.
 I agree not make any claim against you arising to make a remittance as authorised by me.
 I authorise the Bank to reimburse you for any overpayment to me without seeking my prior written consent.
 If applicable, I authorise the Bank to send my Bank account details electronically to my employer.

Member Signature Date

Police Bank Ltd.