

Authority For Payroll Deductions

Police Credit Union incorporating Customs Credit Union.

Member/Client Number(s)		Member Name	
<input type="text"/>		<input type="text"/>	
Registered/Payroll No	Remitter No	Employer Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<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 Credit Union, 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	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
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PCU Use Only

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

Staff Operator	Date	Signature	DES Initials
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Authority For Payroll Deductions

Employer Salary Deduction Authorisation

Police Credit Union BSB 815 000

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

Instructions for Salary Deductions

- Whole of Pay - I require the balance of my wages (after deductions) to be sent to Police Credit Union 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 Credit Union.
- Change of Deduction - I authorise you to change the amount sent to the Police Credit Union from \$ _____ to \$ _____

Declaration

I authorise you as my employer to remit to the Credit Union 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 Credit Union to reimburse you for any overpayment to me without seeking my prior written consent.
If applicable, I authorise the Credit Union to send my Credit Union account details electronically to my employer.

Member Signature	<input type="text"/>	Date	<input type="text"/>
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The Police Department Employees' Credit Union Limited

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