

Please give this section to your payroll office.

Your employer/location

I (Full name) hereby authorise you to:

send my net pay

deduct and send \$

each week fortnight month to EECU (Please tick ✓)

Commencing on

Member number BSB number

All previous payroll authorities in favour of EECU are hereby cancelled.

Member's signature

Please send or fax this section to an EECU office.

Name

Member number

Start date

I am paid each week fortnight month (Please tick ✓)

Please distribute my pay as follows:

Member number	Name	A/c type	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(Amount to be deducted) Total		<input type="text"/>	<input type="text"/>

Member's signature

Office use only - Supplier number



Better Banking for the
ExxonMobil Community

EECU Limited

ABN 35 087 650 039

AFSL/ACL 244 356 **BSB** 802-254

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