

AUTHORITY FOR SALARY DEDUCTION FOR THOSE NOT RECEIVING THEIR SALARY THROUGH THE CDF PAYROLL SERVICE

(To be sent to CDF)

Date ____/____/____

CDF Account No. S

TO: (Employer's Name and Address)

.....P/Code
Name of Contact
.....
Phone No.

I (full name and address)

.....
.....
..... P/Code

hereby authorise you to deduct from my salary each

week fortnight month (please tick one)

the sum of \$ _____ and pay it to the following account:

NATIONAL AUSTRALIA BANK
110 Church Street, Richmond
BSB No. 083 347
Account No. 025471925

Account held in the Name of:

Archdiocese of Melbourne Catholic Development Fund
For and On Behalf Of

(Print Name of Person Authorising)

This authority is to remain in force until you are advised otherwise in writing by me. This Authority replaces all previous authorities given by me for transfer of salary to the Catholic Development Fund.

I understand that this Authority does not place you under any obligation.

Signature

TO PAYMASTER (CDF to complete)

CDF will require the following Deposit Lodgment Reference No.

.....

CDF Contact Phone No.:

.....

AUTHORITY FOR SALARY DEDUCTION FOR THOSE RECEIVING THEIR SALARY THROUGH THE CDF PAYROLL SERVICE

(To be given to your Paymaster)

Date ____/____/____

TO THE PAYMASTER

(Catholic Organisation's Name and Address)

.....
.....
..... P/Code

I (your full name and address)

.....
.....
..... P/Code

hereby authorise you to arrange with CDF Payroll Service to deduct from my salary each fortnight the sum of \$ _____ and pay it to the Archdiocese of Melbourne Catholic Development Fund for credit to the following CDF Savings Account:

Account Name:
Account No.: S

This Authority is to remain in force until I cease to be employed at

.....
Name of Catholic Organisation

or until you are advised otherwise in writing by me.

This Authority replaces all previous authorities given by me for transfer of monies to the Catholic Development Fund.

I understand that this Authority does not place you under any obligation.

Signature