



Direct Pay Authority

CIRCLE CREDIT Co-operative Limited ABN 46 087 650 968
Telephone (03) 9363 2530 Facsimile (03) 9217 8100

Surname Given name(s)

Member number **BSB 803 152**

Employer name

Employer address

Pay number

Please (tick) commence vary cease

Directing your
Whole Of Net Pay?
Write WONP here
▼

my salary deduction as follows: OLD deduction \$ NEW deduction \$

I hereby authorise the **weekly/fortnightly/monthly salary deduction/whole of net pay** to be credited to my Circle Credit membership account(s). Payments are to commence from the first available pay date. This authority cancels any previous authority and remains in force until otherwise advised by me in writing.

Signature

Date

____/____/____

Top to your employer

Bottom to Circle Credit

Surname and initials

Member number

Please split my NEW salary deduction or WONP as follows:

Account	Amount \$	Member no.
Super S account (S6)		
Loan account (L)		
Christmas Club savings account (S2)		
Cash Fund account (S4)		
30 Days Notice of Withdrawal account (S8)		
General savings account (S1)		
Budget account (S5)		
Visa account (S20)		
Other:		
Total salary deduction or WONP	\$	

CIRCLE CREDIT
Co-operative limited
Gate 6 Tilburn Road
DEER PARK VIC. 3023

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Facsimile (03) 9217 8100

IMPORTANT
Proposed reductions in
the amount being credited
to loan accounts must be
approved by Circle Credit
prior to any variation being
accepted.

____/____/____
Date received

____/____/____
Date to pay office

Supplier number

Signature

Date

____/____/____