



ALTERATION FORM

Date _____

Member Number

First Name/s _____

Surname _____

Phone Number _____

Name of Bill to be Altered: _____

Reference to be Altered: _____

Amount to be Altered: FROM: \$ _____ TO: \$ _____

Payment Date to be Altered: FROM: _____ TO: _____

DEDUCT AMOUNT FROM: WAGES PENSION/FAMILY PAYMENT OTHER

FREQUENCY: WEEKLY FORTNIGHTLY MONTHLY

PERMANENTLY **TEMPORARY**

Member Signature

Staff Witness Signature

OFFICE USE ONLY

Authority Number: _____

Officers Signature upon completion: _____