



**Payroll Allocation**

Date \_\_\_\_\_

Member Number

First Name/s \_\_\_\_\_

Surname \_\_\_\_\_

Phone Number \_\_\_\_\_

**DEDUCT AMOUNT FROM:** WAGES  PENSION/FAMILY PAYMENT  OTHER   
**FREQUENCY:** WEEKLY  FORTNIGHTLY  MONTHLY   
**PERMANENTLY**  **TEMPORARY**

| Member Number | Savings Type eg. S1 | Amount |
|---------------|---------------------|--------|
|               |                     |        |
|               |                     |        |
|               |                     |        |
|               |                     |        |
|               |                     |        |

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Staff Witness Signature

**OFFICE USE ONLY**

**Officers Signature upon completion:**