

PAYER DETAILS

AUTHORITY FOR PAYROLL DEDUCTIONS

To The Payroll Officer

Name of Employer
Department / Branch
Physical Location
Postal Address

(Not to operate as an assignment or an agreement) IMPORTANT PLEASE TICK	
<input type="checkbox"/>	This is a new authority OR
<input type="checkbox"/>	as from ___/___/___ (first payment date) this authority replaces existing authorities for \$ _____ in favour of the same payee

Employee Details:

Name: _____ Employee Number: _____
FIRST NAME MIDDLE NAME SURNAME (IF ANY)

Occupation: _____ Department: _____

Home Address: _____ Telephone: _____
NUMBER / STREET SUBURB CITY

Details to appear on my Pay Slip

Particulars	Code	Reference
M O N E Y S H O P	L O A N	T H A N K Y O U

Frequency and Amount

I authorise you to please deduct from my Salary / Wages the amount shown below, and to remit these monies on my behalf to the Payee whose details appear below. Such payments are to be made on each, and every pay day, commencing with my next pay, and to continue until further notice in writing when such payment will either be altered or cancelled.

Fixed Amount	Amount:	Amount in Words:
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Payee Details

Pay to the Credit of:

Name of Bank: **BNZ** Branch: **MANUKAU CITY**

Name of Account:

Bank	Branch number	Account Number	Suffix
M O N E Y S H O P G R O U P L T D	0 2 0 1 9 1	0 3 1 3 6 6 6	0 0

Details to appear on payee's bank statement:

Particulars	Code	Reference

Authorisation

Please make this payment as detailed by debiting my Salary / Wages

Your name – *Customer to complete*

 (Customer's Signature)

 (Contact Phone No)

____/____/____
 (Date)