

AUTHORITY FOR SALARY DEDUCTION

If you wish to have all or part of your salary credited to your CDF account, complete this form and forward to the CDF.

Client number (if known):

Employee Number:

To Employer/Agent (state employer name and address details eg. CEO, Centacare)

I (state full name and address)

Postcode:

authorise you to deduct from my salary each fortnight the sum of \$

and pay such sum to the CDF for credit to the above Client number.

This authority is to remain in place until revoked by me in writing. This authority replaces all previous authorities.

Signature:

Date:

DEDUCTIONS

Please split my deduction to the following accounts:

<input type="text"/>	/	\$	<input type="text"/>
<input type="text"/>	/	\$	<input type="text"/>
<input type="text"/>	/	\$	<input type="text"/>
<input type="text"/>	/	\$	<input type="text"/>

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