

PAYROLL DEDUCTION AUTHORITY



Membership Number: _____
Member's Surname: _____
Member's First Name: _____

Employer: _____
Employers Address: _____
Employee/Payroll Number: _____

I would like to pay:

Weekly Fortnightly Monthly

I Hereby Authorise:

1. The deduction from my wages or salary the sum of:

Amount in words

Amount in figures

2. In the event of a premium increase the alteration to the rate will be made automatically by Westfund.

3. This Authority cancels any existing authority for Westfund, and it to continue until withdrawn by me in writing.

4. Cease all Fund deductions

Signature of Member: Date: / /

Please submit this form to your Paymaster