



Member Service: 1300 553 582
PhoneLink: 1300 553 571
Fax: 1300 553 523
Web: www.circle.com.au
Gate 6 Tilburn Road,
PO Box 135,
Deer Park Vic 3023

Direct Pay Authority


Surname:		Given Name(s)	
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Member Number:	BSB 803 152
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Employer Name: _____

Employer Address: _____

Pay Number:		Directing Whole of Net Pay?
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I wish to (Please tick): ☐ Commence ☐ Vary ☐ Cease Write **WONP** here 

my salary deduction **Old** Deduction: \$ **New** Deduction: \$

as follows:

I hereby authorise the **weekly/fortnightly/monthly salary deduction/whole of net pay** to be credited to my Circle membership account(s). Payments are to commence from the first available pay date. This authority cancels any previous authority and remains in force until otherwise advised by me in writing.

Signature _____ Date ____/____/____

	Top to Employer
	Bottom to Circle

Surname and initials:	Member Number:
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Please split my NEW salary deduction or WONP as follows:

Account	Amount \$	Member No.	IMPORTANT:
Super S Account (\$6)			Proposed reductions in the amount being credited to loan accounts must be approved by Circle prior to any variation being accepted.
Loan Account (L)			
Christmas Club Account (\$2)			
Cash Fund Account (\$4)			
30 Days Notice of Withdrawal (\$8)			
General Savings Account (\$1)			____/____/____
Budget Account (\$5)			Date received
Employees Benefit (\$30)			____/____/____
Visa Account (\$55)			Date to pay office
Other			_____
Total salary deduction or WONP \$			Supplier number

Signature _____ Date ____/____/____