



OFFICE USE ONLY

Member Number

Date actioned

We will arrange the electronic deposit of your income into your accounts on your behalf. Please complete this form to authorise this.

## Personal Details

Title: Mr  Mrs  Ms  Miss  Mx  Other  Member Number

Full Name

## Arrange my income

I authorise my income to be sent to Victoria Teachers Mutual Bank (BSB 704-191) as follows:

Deposit **ALL** of my pay or income to my account(s)

Deposit **PART** of my pay or income to my account(s). The total amount \$

ID/Employee No.

Employer (e.g. School/Preschool/Other)

Payroll contact name

All payments remitted by me on this authority shall be deemed payments to me personally and should continue until withdrawn by me in writing.

Signature

Date  /  /

Return this form: PO Box 338 Camberwell 3124 or [customerrelations@victeach.com.au](mailto:customerrelations@victeach.com.au).