

Request for Salary Deduction

Mark boxes with where appropriate, otherwise use block letters.

Personal details				
Title Last name				
Contact name				
Company name				
Department/Unit				
Work phone number	()		Mobile phone number	
Home phone number	()			
Please credit my accou	ınt as detailed belo	w (please X one)		
☐ My entire salary ☐	Specified amount	\$		
Name of your financial in	stitution		_	
AMP Bank Limited				
Address of institution				
2-12 Macquarie Street				
Suburb	State	Postcode		
Parramatta	NSW	2124		
Your account name				
Branch number (BSB) Your account number				
939-200				
Signature of member				
X				
Date				
D D M M Y Y	YY			

Once you have completed this form, please give it to your payroll officer.