

Member Number Date actioned Victoria Teachers Limited | ABN 44 087 651 769  
AFSL/Australian Credit Licence Number 240 960

**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 Bank First (**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All payments remitted by me on this authority shall be deemed payments to me personally and should continue until withdrawn by me in writing.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 [customersolutions@bankfirst.com.au](mailto:customersolutions@bankfirst.com.au).**