



PAYROLL DEDUCTION – EMPLOYEE

I confirm that I have read and agreed to “Kowanyama Aboriginal Shire Council Payroll Deduction Policy”

First Name:

Surname:

Further, I request to utilise the payroll process to make the following payments:

Entity name (Business / Organisation:	
Amount per fortnight	
Total amount to be paid	
Reference required on transfer	
Commencing From:	

Employee Name:	
Signature:	
Date:	

PAYROLL OFFICE USE ONLY

Banking details loaded

Banking code:

___/___/20__