



# Kowanyama Aboriginal Shire Council

## PAYROLL DEDUCTION – THIRD PARTY

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Registered Business Name: \_\_\_\_\_

ABN: \_\_\_\_\_

Registered Business address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Account Name: \_\_\_\_\_

Bank Name & Branch: \_\_\_\_\_

BSB Number: (6 digits) \_\_\_\_\_ - \_\_\_\_\_

Account Number: \_\_\_\_\_

References required on transfers: \_\_\_\_\_

I confirm that I am an authorised represented of the above named business and request to utilise the payroll process to collect debts owed to this business via the redirection of employee wages into the bank account quoted below.

I confirm I have read and agreed to “Kowanyama Aboriginal Shire Council Payroll Deduction Policy” and that the above named business is eligible as a Third Party status, as per section 3 of the policy.

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

### PAYROLL OFFICE USE ONLY

Banking details loaded

Banking code: .....

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