



credit where it's blue

# Salary deduction form

Level 11, 57 Willis Street  
PO Box 12-344, Wellington 6144  
**Phone: 04 472 9645**  
Fax: 04 499 2006  
Email: info@policecu.org.nz  
Website: www.policecu.org.nz

## Personal details

Membership no:

Title:  Mr  Mrs  Miss  Ms

Surname:

First names (in full):

Work phone no: (  )

Home phone no: (  )

Mobile phone no: (  )

Email address:

## Deduction details

- This salary deduction replaces all previous salary deductions I have authorised, or
- This salary deduction is intended to amend only those accounts I have listed below – all my other existing deductions are to remain unchanged.
- If you are unsure what your current deductions are, please call us on 0800 429 000 or email us at info@policecu.org.nz for details.

Account (please tick):  Loan.....(L.) \$

Freedom Account.....(S1) \$

Goal Account.....(S2) \$

Christmas Club.....(S3) \$

Target Saver.....(S4) \$

Achiever Savings.....(S5) \$

Other (please specify):

\$

\$

TOTAL \$

Further instructions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please note that any changes made to the above amounts do not affect payments made to the Police Association or Police Welfare Fund Ltd.

## Declaration

### Terms and conditions

I understand and acknowledge that the Police and Families Credit Union (PFCU) accepts this authority only upon the following conditions, namely:

1. The PFCU will endeavour to effect such salary deduction without any responsibility or liability for omission to request all or any deduction or for any omission to follow any such instructions. Further, the PFCU accepts no responsibility or liability for the accuracy of the information contained in the payment information fields on this authority or for failure to transmit such information in the manner requested. In this event, this authority is subject to any arrangements now or hereafter subsisting between myself and the PFCU in relation to my account.
2. The PFCU may at any time terminate this authority as to future payments by notice in writing to me.
3. This authority will remain in full force and effect notwithstanding my death, bankruptcy or any other revocation of this authority until notice of my death, bankruptcy or such revocation is received by the PFCU.

I hereby authorise the New Zealand Police to deduct monies from my fortnightly salary payable to the Police and Families Credit Union.

Signature:

Date:  /  /

## Office use only

Actioned by: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_