

Payroll Deduction & Cancellation



Please complete electronically, or use **BLOCK** letters and write in black pen.
You must complete sections A, B and E, and either sections C or D.

A. Member details

Member number:

Title:

First name:

Surname:

Street address:

Suburb:

State:

Postcode:

Date of birth:

Email:

Telephone:

Mobile:

B. Payroll details

Note: Payroll deductions are not available to every employer. Please check with HIF for availability.

Employee name:

Payroll ID:

Employer name:

Employer address:

Suburb:

State:

Postcode:

Branch location:

Change of primary member details (optional)

Although not a requirement, if you would like to change the primary member of your membership to align with the Payroll Deductions, you can nominate them here.

Title:

First name:

Surname:

Telephone:

Mobile:

Email:

Declaration

I, the undersigned acknowledge that the NEW primary Member hereby takes on all the responsibilities of this membership. I continue to hold authority to make changes or claim on this membership.

Signature of current Primary Member:

Date:

Type your full name here to sign electronically.

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C. Deduction Authority

I hereby authorise and request you to arrange deductions from my salary/wages:

Yes No

D. Deduction cancellation

I hereby authorise HIF to cancel the payroll deduction authority held in my name and request that the cancellation is to take effect from the next applicable pay period.

or

As I have left this Employer my deduction will automatically cease on Pay Ending:

Date:

New method of Payment

Direct Debit from my Financial Institution or Credit Card

Preferred payment frequency:

Fortnightly Monthly Quarterly Half-yearly Annually

BSB:

Account No:

Account Name:

Manual Invoice

Preferred payment frequency:

Monthly Quarterly Half-yearly Annually

E. Declaration

I declare the information above is true and correct and that I will immediately notify the Fund if this information changes.

Signature of eligible policyholder:

Date:

Type your full name here to sign electronically.

Once you have completed the form, please email it to us at hello@hif.com.au or mail to HIF, Whadjuk Country, GPO Box X2221, Perth WA 6847

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