



Payroll Deduction Form

FIFO-2827 | Revision 1

Employee ID	
Name	

I hereby authorise, **V/Line** to contribute the nominated fortnightly amount below to:

Payroll Deduction Name	Rail Tram and Bus Union
Member / Account Number	

Fortnightly Amount (Dollars)	
Commencement Date:	

Signature: _____ Date _____

Please Note:

1. This request must reach the Payroll Department at least 7 working days prior to any changes to become effective.
 2. If full and correct details are not supplied, this authority will not be processed.
 3. If, for any reason, there are insufficient funds in your pay, a deduction will not be made.
 4. Complete this form and forward to:; payroll@vline.com.au or Payroll Department, GPO Box 5343 Melbourne 3001.
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