



"Allowance Incorporated"

~~ Attendant Care ~~

PERSONAL INFORMATION FOR EMPLOYEES

START DATE: _____

FULL NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____

TAX FILE NO.: _____

DO YOU WISH TO CLAIM TAX FREE THRESHOLD?: YES OR NO
(circle one)

ALLOWANCE PARTICIPANT'S NAME (YOUR EMPLOYER) _____

RATE OF PAY: CASUAL OR PART-TIME
(circle one)

REQUEST FOR CREDIT AUTHORISATION OF FORTNIGHTLY PAY AND ACKNOWLEDGEMENT OF TRIAL BASIS PAY RATES ABOVE THE AWARD

I authorise Allowance Inc. to credit my account with my fortnightly pay & I am aware of my pay rates being subject to change without my consent should Allowance Incorporated's financial situation change.

Signed: _____ **Dated:** _____
(Attendant Care Worker)

Signed: _____ **Dated:** _____
(Participant)

BANK DETAILS

NAME OF BANK: _____

ACCOUNT NAME: _____

BSB NO.: (has to be a six digit number)

ACCOUNT NO.:

PO Box 3024, Bangor Post Office , Bangor NSW 2234
Ph: 02 8525 4000 Fax: 02 8525 4011

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www.allowance.org.au

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