

Payroll Authorised Contact Details Form



Uniting Church
SYNOD OF NSW & ACT



• Please scan and e-mail the completed form to payroll@nswact.uca.org.au

ORGANISATION DETAILS

ENTITY NAME

ABN

AUTHORISED CONTACT ONE (PRIMARY)

FULL NAME (PRINT)

SIGN HERE

DATE

DD / MM / YYYY

TELEPHONE

MOBILE

EMAIL

POSITION

AUTHORISED CONTACT TWO (SECONDARY)

FULL NAME (PRINT)

SIGN HERE

DATE

DD / MM / YYYY

TELEPHONE

MOBILE

EMAIL

POSITION

CLIENT'S CONSENT

I, give authority to either of the above person(s) to approve all future payroll transactions requested by this organisation & will advise of any changes to our client authorisation as required, including STP reporting to the ATO. We further understand & accept that all payroll queries will be directed to the Payroll Bureau Service via the Authorised Contact(s) only.

SIGN HERE

DATE

DD / MM / YYYY

POSITION

PAYROLL ACTIONS:

Update directories:

Outlook Directory

Reporting Spreadsheet

Advise Payroll Team