

TEMP PAYROLL AUTHORITY FORM

To ensure prompt payment, please complete all of the following in full.



Personal Information:

| | | | |
|--|----------------------|----------|----------------------|
| First Name: | | Surname: | |
| Address: | | | |
| | | | |
| | | | |
| Email Address: | | | |
| (Your payslip will be sent to this email address) | | | |
| IRD No / GST No: | <input type="text"/> | - | <input type="text"/> |
| Tax Code: | | | |
| (Please also complete IR330 form) | | | |

Banking Information:

| | |
|--------------------------|--|
| Name of Bank: | |
| Branch: | |
| Name Account is held in: | |

| Bank No. | Branch Number | Account Number | Suffix |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | |
|---------|--|-------|--|
| Signed: | | Date: | |
|---------|--|-------|--|

Criteria questions for KiwiSaver:

| | |
|---|---|
| Are you between the ages of 18 & 65? | Yes / No |
| Are you a citizen / resident of New Zealand or Australia? | Yes / No |
| Are you an existing KiwiSaver member? | Yes / No (If Yes is selected, please fill in the KS2 form) |

**Please email a scanned copy of your completed form to
accounts@ocg.co.nz or fax to 09 307 4889**

OFFICE USE ONLY:

| | | | |
|-----------------------|--|---------|--|
| NEW: | | CHANGE: | |
| CANDIDATE NO: | | | |
| CANDIDATE START DATE: | | | |