

**DIRECT PAY AUTHORITY  
RESERVISTS**

**PART A – MEMBER’S DETAILS**

NAVY	2	<input type="checkbox"/>
ARMY	1	<input type="checkbox"/>
RAAF	3	<input type="checkbox"/>

  

Service No	Rank	Surname	Initials
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

**PART B – NET PAY DEPOSIT DETAILS**

<table border="1"><caption>Variation (Tick appropriate box)</caption><tr><td>Commence</td><td>1</td><td><input type="checkbox"/></td></tr><tr><td>Cease</td><td>2</td><td><input type="checkbox"/></td></tr><tr><td>Transfer</td><td>3</td><td><input type="checkbox"/></td></tr></table>	Commence	1	<input type="checkbox"/>	Cease	2	<input type="checkbox"/>	Transfer	3	<input type="checkbox"/>	BSB No <input style="width: 100%;" type="text"/>	Account No <input style="width: 100%;" type="text"/>
Commence	1	<input type="checkbox"/>									
Cease	2	<input type="checkbox"/>									
Transfer	3	<input type="checkbox"/>									
Title of Account ( <i>Surname First</i> ) <input style="width: 100%; height: 40px;" type="text"/>											

**PART C – MEMBER’S AUTHORISATION**

I hereby authorise payment of my net entitlement to the

<input style="width: 100%; height: 30px;" type="text"/> <i>(Title of Bank/Building Society/Credit Union)</i>	at	<input style="width: 100%; height: 30px;" type="text"/> <i>(Branch)</i>
<input style="width: 100%; height: 30px;" type="text"/> <i>(Signature of Member)</i>		<input style="width: 100%; height: 30px;" type="text"/> <i>(Date)</i>

ADFPC-C Pay Section  
Department of Defence  
CP2-3-040  
CANBERRA ACT 2600  
**Fax: (02) 62663778**