

Withdrawal Request for Long Service Like Leave

LSL Provision Savings Account – Centenary Development Foundation

Email: info@cdf.org.au www.cdf.org.au
Office: 41 Brookfield Road Kenmore QLD 4069
Phone: (07) 3327 1628 **Fax:** (07) 3378 1334
Mailing: Reply Paid 469, Kenmore QLD 4069

Section A. Account Holder - Church of Christ in Queensland Employer:

Account name:

Account number:

Section B. Leave details:

Withdrawal amount:

From funds contributed by previous employer/s.

(Gross amount of salary payment before tax not including superannuation)

\$

Duration of leave (in weeks):

(Withdrawal amount value calculated as leave)

Commencing date of leave:

Payments will be made directly to employer's linked bank account (Contact CDF if account has changed.)

Section C. Confirmation by employee:

Employee's name in full:

Mobile:

Email:

By signing this section, I confirm the Long Service Like Leave details in Section B:

Signature of Employee:

Date:

Section D. To be signed as per the authorised signatories instructions of the account on behalf of the employer in Section A.:

Signed by *two authorised signatories in confirmation of this instruction.

*This section is to be signed as per the existing instructions on file at CDF. Signature will be verified before this instruction is accepted.

Authorised signatory 1

Full Name:

Signature:

Date:

Authorised signatory 2

Full Name:

Signature:

Date:

Return by post, fax or email as an attachment.