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

CofCQ Employer:

LSL Provisions Savings Account number:

Section B - Long service leave details to be completed by employee

My long service leave details as approved by my employer:

Employee's name in full:	<input type="text"/>		
Mobile:	<input type="text"/>		
Email:	<input type="text"/>		
Commencing date of leave:	<input type="text"/>		
Duration of leave: (in weeks)	<input type="text"/>		
Signature of Employee:	<input type="text"/>	Date:	<input type="text"/>

Section C - Withdrawal to be completed by Secretary/Treasurer/Payroll of employer in Section A

Withdrawal amount: *(Gross amount of LSL salary payment before tax not including superannuation)*

Payments will be made directly to employer's linked bank account
Details supplied at account opening. Contact CDF if account has changed.

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. **If change to existing arrangements, this section is to be signed as per the existing instructions on file at CDF. Signatures will be verified before this instruction is accepted.*

Authorised signatory 1

1. Full name:	<input type="text"/>		
Signature:	<input type="text"/>	Date:	<input type="text"/>

Authorised signatory 2

2. Full name:	<input type="text"/>		
Signature:	<input type="text"/>	Date:	<input type="text"/>

Return by post, fax or email as an attachment.