BIG SKY

Banking • Financial Advice • Insurance

Employment Verification Form

SECTION 1: Permission from Customer

I, ... Employee Number# ..... hereby give authorisation to

..... to disclose information to Big Sky Building Society Ltd relating to my employment status and income. Due to restrictions of the Privacy Act, should any further information be required by Big Sky Building Society Ltd, I accept that I will need to send further acknowledgement of my consent.

Signature of Authorising party: X_____ Date: ____/____/____

SECTION 2: Information Required from Employer

Current Employee:
Yes ☐ No ☐

On Probation:
Yes ☐ No ☐
If Yes;
End period: ____/____/____

Commencement Date:
____/____/____

Employment Status:
Full Time ☐ Part Time ☐ Casual ☐ Seasonal ☐ Contract ☐ Relief ☐

Other (Please Explain)_____

Category:	Annual Amount		Amount	Frequency
Gross Salary: (Base)	$	or	$	
Shift Allowance:	$	or	$	
Housing Allowance:	$	or	$	
Other:	$	or	$	

Regular Overtime: Yes ☐ No ☐ If Yes, Hours per week:_____ Rate:_____

Signature of Employer: X_____Date: ____/____/____
Staff member's Name: _____ Position: _____

Thank you for your time and assisting your employee.
Please fax this document to the Customer Service Team on (03) 8635 2850.

Big Sky Building Society Ltd
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MEMBER CUSTOMER OWNED BANKING ASSOCIATION