

Employer contribution form



Employer name:	Employer number:	Contact name:	Contact number:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Payment details

Payment for period	From:	To:	Payment date:
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Direct deposit Electronic transfer Cheque Extra listing (attached)

Please forward this completed form to Vision Super, PO Box 18041, Collins Street East, Melbourne VIC 8003 or email: accounting@visionsuper.com.au

**To: National Australia Bank Account of Vision Super
BSB 083-419 Account No. 6064 56299**

Membership number	Surname	Given names	Date of birth	Employer contribution	Member contribution	Salary sacrifice	Spouse contributions
TOTALS							
GRAND TOTAL				\$			

Note: If you are making a contribution on behalf of a new employee, and you are a Vision Super participating employer (with an existing employer number), please complete a Vision Super Saver registration form, available from www.visionsuper.com.au, or by contacting our Member Services team.

This information is required for the sole purpose of managing and payment of superannuation benefits and entitlements and will be protected in accordance with the provisions of the Privacy Act 1988 and Vision Super privacy policies.

Name of authorised officer (please print):	Signature of authorised officer	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Remittance No.
<input type="text"/>

Please forward this completed form to:	
memberservices@visionsuper.com.au	PO Box 18041, Collins Street East, VIC 8003
Vision Super Pty Ltd ABN 50 082 924 561 AFSL 225054, is the Trustee of the Local Authorities Superannuation Fund ABN 24 496 637 884	Contact Centre team 1300 300 820 www.visionsuper.com.au

June 2022



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