

# BANKING AUTHORITY FORM

## STAFF MEMBER TO COMPLETE DETAILS:

Faculty/Office: \_\_\_\_\_  Academic  Professional

Employee Number (if known): \_\_\_\_\_ Extension No: \_\_\_\_\_

Family Name: \_\_\_\_\_ Other Names: \_\_\_\_\_

Account Holder's Name (if different from above): \_\_\_\_\_

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_

**N.B Full Account and Branch (BSB) Numbers are required. Please check both numbers with your Bank.**

**Forms missing these numbers or quoting incorrect numbers will be returned to the Faculty or Office for completion and may not be operative for the next Pay.**

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**BSB NUMBER**

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**ACCOUNT NUMBER (MAX 9 DIGITS)**

I hereby **authorise** my salary to be paid into the bank/credit union account as detailed above.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Staff Member**

## HR USE ONLY:

HRIS entered: \_\_\_\_\_ (inits) \_\_\_\_/\_\_\_\_/\_\_\_\_ Checked: \_\_\_\_\_ (inits) \_\_\_\_/\_\_\_\_/\_\_\_\_