

BANKING AUTHORITY FORM – MULTIPLE ACCOUNTS

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)

ACCOUNT 2 (OPTIONAL):

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

Bank Name: _____ Branch: _____

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BSB NUMBER

--	--	--	--	--	--	--	--	--

ACCOUNT NUMBER (MAX 9 DIGITS)

Amount: \$ _____

ACCOUNT 3 (OPTIONAL):

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

Bank Name: _____ Branch: _____

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BSB NUMBER

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ACCOUNT NUMBER (MAX 9 DIGITS)

Amount: \$ _____

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) ____/____/____