

BANK ACCOUNT AUTHORISATION DETAILS

Surname: Given Names:
 Position Title: Caregiver ID Number:
 Department: Hospital/Division:
 Email Address: Contact Phone Number:

DECLARATION: I have received, read, understand and accept in full the terms and conditions of my employment contract.

Signature: Dated:

I hereby authorise my salary to be paid directly into the account(s) listed below and any cash reimbursements to be paid into Account 1.

Account 1 – For Direct Payment of Salary

Bank Name															
Branch Address															
Name(s) on Account															
BSB No.				-					Account No.						

If you would like a portion of your pay to go in a second bank account please complete the box below:

Account 2 – Amount: \$

Bank Name															
Branch Address															
Name(s) on Account															
BSB No.				-					Account No.						

Please provide formal evidence of your BSB and Account No by attaching either:

- Copy of bank statement showing BSB and Account No **ONLY**. (We do not need to see transactions/balances)
- OR**
- A formal letter from the bank providing the above.

Please note: Copies of ATM cards or Credit cards are NOT acceptable

EMERGENCY CONTACTS

Name: Relationship:
 Phone: Mobile:
 Name: Relationship:
 Phone: Mobile:

I certify that the information provided above is fully complete and accurate. I understand that if I make a mistake in these details it may result in delays in salary.

Caregiver Signature: Date:...../...../.....

Payroll Use

Actioned by:

Date:/...../.....