

This form is to be used by new or current employees to advise Payroll Services of changes to their personal banking details. Please ensure the BSB and bank account details that you provide are correct. Once completed, please send this form to NHPayrollData@nh.org.au for processing. Forms received by the Thursday prior to pay day will be processed in the current pay cycle.

Note: You must attach a copy of your current driver's license or passport as proof of identity.

Surname: _____	Other Names: _____					
Employee No: <table border="1" style="display: inline-table; border-collapse: collapse; width: 150px; height: 20px;"><tr><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td></tr></table>						Cost Centre: _____
Work Location: _____	Contact No: _____					
Effective date of change: _____	Employee Signature: _____					

MAIN ACCOUNT NUMBER 1: *Where your net pay will be deposited unless additional accounts are specified*

Commence payments to this account Cease payments to this account

Bank Name: _____ *(e.g. Commonwealth, ANZ, etc.)*

Bank Address: _____ *(Branch / Suburb where account opened)*

BSB Number:

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 _____ *(Branch no: must have 6 digits)*

Account Number:

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 _____ *(Account no: maximum of 9 digits)*

(Please state your bank account number from your bank statement NOT the number on your credit / savings card)

Account Name: _____

ACCOUNT NUMBER 2: *Complete if you wish to have a set amount per pay period deposited in another account*

Commence payments to this account Cease payments to this account

\$ _____ Amount to be deposited per pay period.

Bank Name: _____ *(e.g. Commonwealth, ANZ, etc.)*

Bank Address: _____ *(Branch / Suburb where account opened)*

BSB Number:

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 _____ *(Branch no: must have 6 digits)*

Account Number:

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 _____ *(Account no: maximum of 9 digits)*

(Please state your bank account number from your bank statement NOT the number on your credit / savings card)

Account Name: _____

ACCOUNT NUMBER 3: *To be completed if you wish to have a 2nd set amount per pay period deposited*

Commence payments to this account Cease payments to this account

\$ _____ Amount to be deposited per pay period.

Bank Name: _____ *(e.g. Commonwealth, ANZ, etc.)*

Bank Address: _____ *(Branch / Suburb where account opened)*

BSB Number:

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 _____ *(Branch no: must have 6 digits)*

Account Number:

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 _____ *(Account no: maximum of 9 digits)*

(Please state your bank account number from your bank statement NOT the number on your credit / savings card)

Account Name: _____