**STAFF INFORMATION FORM**

**Instructions:**

* This form is to be completed by all new employees and existing employees who are changing their nominated bank account or superannuation fund.
* The original form must be completed, signed and returned to payroll staff prior to the employee commencing employment. Payment cannot be made to the employee until the original form has been successfully processed by payroll staff.
* Incomplete forms will not be processed and will returned to the individual employee for correct completion.

**Employee Details:**

Employee Name:

Date of Birth:

Residential Address:

Suburb, State and Postcode:

Contact Number: (H)

(M)

Email Address:

**Employee Banking Details:**

Tax File Number:

Super Fund Name:

Super Fund Policy No:

Name of Financial Institution:

Name in which account is held:

BSB Number (Branch No.): Account Number:

**Authorisation of Employee:**

I \_\_\_\_, hereby authorise the company to credit my salary/ reimbursements/ payments <circle applicable option> to the nominated financial institution as identified above. I understand that the company is not responsible for any fees or charges associated with my nominated account.

Signature (Employee) Date