

Banking details



Payroll details

Surname	Payroll No
First name	

Bank account details

Effective from (dd/mm/yy)	
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Split amount (per pay)	BSB code (6 digits)	Account no	Account name (in full)
\$ Balance (primary account)			
\$			
\$			

Signature

I request and authorise the Bendigo Anglican Diocesan Corporation to distribute my pay according to the instructions provided above.

Signature _____ Date _____

Please keep a copy of this form for your records. Please submit marked 'Attention: Payroll'. Email – payroll@bendigoanglican.org.au, Fax – 5441 2173, Mail – Registry, PO Box 2, BENDIGO VIC 3552

Registry use only

Action	Responsibility of	Completed by	Date
Received and reviewed	Finance and Administration Manager		
Processed in payroll	Finance Officer		
Filed in individual payroll file	Finance Officer		