



## PERSONNEL INFORMATION & EFT AUTHORISATION

SURNAME \_\_\_\_\_

GIVEN NAMES \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBERS Home: \_\_\_\_\_

Mobile: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

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BANK/FINANCIAL INSTITUTION NAME: \_\_\_\_\_

BRANCH ADDRESS \_\_\_\_\_

ACCOUNT NAME \_\_\_\_\_

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BRANCH NUMBER (BSB)

ACCOUNT NUMBER

I acknowledge that:

- If my account is closed or transferred to another branch or financial institution, I will immediately inform BSI People Pty Limited and fill in a new EFT Authorisation Form.
- Other than when there is Bank or Public Holidays, my payments can be accessed the Wednesday that follows my previous week's work.
- Any responsibility for incorrect allocation of these payments by the Bank or Financial Institution is not accepted by BSI People Pty Limited.
- By signing below, I authorise and request BSI People Pty Limited to credit payments due to me into my bank account as shown above.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_