



PERSONNEL INFORMATION & EFT AUTHORISATION

SURNAME _____

GIVEN NAMES _____

ADDRESS _____

PHONE NUMBERS Home: _____

Mobile: _____

DATE OF BIRTH _____

BANK/FINANCIAL INSTITUTION NAME: _____

BRANCH ADDRESS _____

ACCOUNT NAME _____

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 Learnedfriends 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 or BSI Learnedfriends.
- By signing below, I authorise and request BSI People Pty Limited or BSI Learnedfriends to credit payments due to me into my bank account as shown above.

Employee Signature _____

Date _____