



# BANKING DETAILS FORM

**Instructions for Completing the Employee Details Form**

1. This form is to be completed for each and every contract of employment.
2. Staff members, **other than Casual/Sessional**, can elect to deposit their salary into a maximum of three separate accounts. Please note salary is unable to be deposited into a credit card account. If second and third accounts are selected, the nominated amounts will be deposited into these accounts prior to the balance of salary being deposited into the main account.
3. The original Banking Details form **must** be completed, signed & returned to HR Operations, Human Resources Division **prior** to the person commencing employment.
4. Payment cannot be made to a staff member until this form has been completed and processed by HR Operations, Human Resources Division.
5. Incomplete forms will not be processed and will be returned to the individual staff member.
6. Where possible please ensure the original Banking Details Form, is forwarded to HR Operations, Human Resources Division.

Note: All payments of salary and, where appropriate, scholarships are subject to PAYG taxation deductions at the maximum rate unless a Tax file number declaration form is fully completed and returned to HR Operations, Human Resources Division.

SECTION 1 – STAFF MEMBER’S DETAILS			
ORG UNIT TITLE			
FACULTY / DIVISION / CENTRE		CAMPUS	
PERSONNEL NUMBER			
TITLE	FAMILY NAME	GIVEN NAME(S)	
RESIDENTIAL ADDRESS		DATE OF BIRTH ___ / ___ / ___ (DD/MM/YYYY)	
POSTCODE		TELEPHONE NO ___ - _____	
EMAIL ADDRESS		MOBILE PHONE NO _____	
MAILING ADDRESS (ONLY IF DIFFERENT TO RESIDENTIAL ADDRESS)			
POSTCODE			
EMAIL ADDRESS		GENDER    FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>	
SECTION 2 – BANKING DETAILS - MAIN ACCOUNT (Only complete if changed or not previously supplied)			
Name of Financial Institution			
Branch Address			
Name in which account is held			
BSB Number (Branch #) (maximum 6 digits)	_____	Account Number (maximum 9 digits)	_____
Amount of Deposit (Whole of Salary or Balance of Salary if Second or Third Account Nominated)			
SECOND ACCOUNT (Optional) (Only complete if changed or not previously supplied)			
Name of Financial Institution			
Branch Address			
Name in which account is held			
BSB Number (Branch #) (maximum 6 digits)	_____	Account Number (maximum 9 digits)	_____
Amount of Deposit (compulsory)	\$ _____		
THIRD ACCOUNT (Optional) (Only complete if changed or not previously supplied)			
Name of Financial Institution			
Branch Address			
Name in which account is held			
BSB Number (Branch #) (maximum 6 digits)	_____	Account Number (maximum 9 digits)	_____
Amount of Deposit (compulsory)	\$ _____		
SECTION 3 – AUTHORISATION OF STAFF MEMBER			
I hereby authorise Monash University to credit my salary/scholarship/reimbursements/payments to the financial institution accounts as identified above.			
Signature		Date ___ / ___ / ___	
FOR HR OPERATIONS USE ONLY			
Entered by	Date / /	Checked by	Date / /
<b>FAXED COPIES OF THIS FORM WILL BE ACCEPTED (FAX NUMBER 9905 6020)</b>			

For assistance please contact HR Enquiries on 9902 0400

Please return completed form to HR Operations, Human Resources Division, Monash University, VIC, 3800