Bank Account Information (For More than One Account)

Employee Name: _____

Employee Number: _____

PAYMENT DETAILS

I request that my salary / wage be paid by direct deposit into the following accounts:

Primary Account

Account holders name/s: _____

Financial institution name: _____

B/S/B Code   **Account Number**

☐ I authorise my primary account to be used for the direct payment of expense reimbursements.

Secondary Account/s (Fixed amounts)

Account holders name/s: _____

Financial institution name: _____

Amount per pay: $_____

B/S/B Code   **Account Number**

Account holders name/s: _____

Financial institution name: _____

Amount per pay: $_____

B/S/B Code   **Account Number**

Account holders name/s: _____

Financial institution name: _____

Amount per pay: $_____

B/S/B Code   **Account Number**

Signature: _____ Date: _____

* Please ensure that account details provided are correct. G-Force accepts no responsibility for credit to an incorrect account.

OFFICE USE ONLY		
Date Entered:	**Entered by:**	**Checked by:**

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people @work