

MACQUARIE UNIVERSITY BANKING AUTHORITY FORM

SUPERVISING TEACHER/PROFESSIONAL EXPERIENCE COORDINATOR TO COMPLETE

Faculty/Office: **DEPARTMENT OF EDUCATIONAL STUDIES**

First Name: _____ Last Name: _____

M.Q. Employee Number: _____ Ph: _____ Mobile: _____
(If known)

Email: _____

Bank Account Details:

Account Holder's Name (if different from above): _____

Bank Name: _____ Branch: _____

**N.B Full Account and Branch (BSB) Numbers are required.
Please check both numbers with your Bank.**

Incomplete or incorrect forms will be returned and this will delay the payment.

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BSB NUMBER

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ACCOUNT NUMBER (MAX 9 DIGITS)

I hereby **authorise** my salary to be paid into the bank/credit union account as detailed above.

Signed: _____ Date: ____/____/____
Supervising Teacher

HR USE ONLY:

HRIS entered: _____ (inits) ____/____/____ Checked: _____ (inits) ____/____/____