



Bank Account / Financial Distribution Details

Staff Member Details

Title		University ID	U
Family Name		Telephone	
Given Names			
College/Div/Centre		Dept/School/Section	

I hereby authorise the Australian National University to pay my total net salary to

Name of financial Institution	
Branch	
BSB Number	
Account Number	
In the name/s of	

Staff member/scholar signature:		Date:	
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Salary Distributions

I also authorise The Australian National University to distribute the following amounts to the financial institutions indicated below. My Net Salary is to be sent to my main account as provided above. I realise that these distributions will be made in the same order as on this form.

Please note: this section is only required to be completed if you wish to have you salary sent to multiple bank accounts. If left blank, your full salary will be sent to the account nominated above.

- Please note:**
- It is recommended that you contact your financial institution to confirm the full BSB and account number. The card number **is not** the account number.
 - Forms incorrectly completed will be returned for correction; this could result in a loss of pay.
 - If there is insufficient net pay, distributions will not be made.
 - On termination of employment, distribution/s will not be made in the final pay.
 - When making any changes, please list all distributions in order of priority.
 - Distributions not entered will automatically cease.

Distribution One		Distribution Two	
Amount per pay		Amount per pay	
Name of financial Institution		Name of financial Institution	
Branch		Branch	
BSB Number		BSB Number	
Account Number		Account Number	
In the name/s of		In the name/s of	

Distribution Three		Distribution Four	
Amount per pay		Amount per pay	
Name of financial Institution		Name of financial Institution	
Branch		Branch	
BSB Number		BSB Number	
Account Number		Account Number	
In the name/s of		In the name/s of	
Distribution Five		Distribution Six	
Amount per pay		Amount per pay	
Name of financial Institution		Name of financial Institution	
Branch		Branch	
BSB Number		BSB Number	
Account Number		Account Number	
In the name/s of		In the name/s of	
Staff member/scholar signature:		Date:	

Note

- You must advise the Remuneration and Benefits Branch 21 days in advance if you wish to cease these distributions prior to proceeding on leave.
- For personal identification purposes, your University ID will be disclosed to the relevant financial institutions.