

**Payroll Shared Service Centre
Bank Account Details Change Form**

Organisation	
Employee Name	
Employee Staff Number	
If you have more than one Staff Number, please list	
National Insurance Number	
Employee Address	
Employee Phone Number	

Please ensure that **30 day's notice** of a change in account is provided.

	Existing Details	New Details
Bank Name		
Sort Code		
Account Number		

It is the responsibility of the employee to ensure that the details provided above are accurate. Failure to provide accurate information will result in inaccurate payment to employees.

Authorisation

I authorise the Business Service Organisation, acting on behalf of my Employer to deposit my salary and/or wages are deposited into the new account listed above. I understand that it is my responsibility to ensure that accurate information is provided to enable payments to be made in a timely fashion.

Employee Signature	
Employee Name (BLOCK LETTERS)	
Date	

For Payroll Shared Service Use Only	
Date Received	
Date Entered	
Entered By	
Verified by	
Query Number	