
ALL TRUSTS IN NORTHERN IRELAND

BANKERS AUTOMATIC CLEARANCE SYSTEM

I authorise my employing Trust to credit to my bank account, as detailed below, all salary and (where appropriate) travelling expense payments.

Name of Bank:

Address of Bank:

.....

.....

Bank Acc No: Sorting Code:
(8 digits) (6 digits)

Your Full Name:

Name of Account Holder (if different):

Address:

.....

..... Postcode:

Signature: Date:

Post Offered: Specialty:

Hospital Name:

Have you received any of the following benefits during the past 8 weeks?

Sickness Benefits/SSP	YES/NO	Non Contributory invalidity Pension	YES/NO
Invalidity Benefit	YES/NO	Maternity Allowance	YES/NO

If you have claimed any of these benefits we require the letter you have received from the Department of Health & Social services advising that you have been excluded from the Statutory Sick Pay scheme or Form SSPI (L) from your previous employer. Attach this document to this form or give it to your supervisor as soon as possible to forward to Salaries and Wages Department.

For S&W use only

Staff Number:

Location:

Hours:

SD502 / SS10 Form completed and enclosed. P45 / P46 completed and enclosed