

PLEASE COMPLETE SECTION A FULLY USING BLOCK CAPITALS WHERE APPROPRIATE – Note that failure to complete this form in full will result in it being returned to the Employee.

SECTION A : I authorise Northern Health and Social Care Trust to credit all my Salary/Wage and Travel Expenses payments direct to my Bank/Building Society account as detailed below.

FULL NAME	DEPARTMENT	GRADE

FACILITY			BLOCK		STAFF NO				

NATIONAL INSURANCE NO								

NAME OF BANK/BUILDING SOC	NAME OF ACCOUNT HOLDER						
ADDRESS	TYPE OF ACCOUNT						
	BRANCH SORT CODE						
	ACCOUNT NUMBER						

EMPLOYEE SIGNATURE	DATE		

PLEASE SIGN THIS FORM AND RETURN IT TO THE PAYROLL DEPARTMENT

SECTION B: FOR PAYROLL SERVICES DEPARTMENT USE ONLY

NINO Check	Input By	Date		

NINO Check	Verified By	Date		

