## **Payroll Shared Service Centre Bank Account Maintenance Form**



Organisation				
<b>Employee Name</b>				
<b>Employee Staff Number</b>				
If you have more than one	Staff			
Number, please list				
National Insurance Number				
Employee Address				
Employee Phone Number				
Are you a new employee?		Yes		No
Please ensure that 30 day's	notice of a cha	ange in acco	ount is pro	vided. If you are a
new employee, please ente	r vour bank de	tails under '	"New Deta	ails"
, , ,	,			
	<b>Existing Deta</b>	ils	New	Details
Bank Name				
Sort Codo				
Sort Code				
Account Number	he employee t	o ensure t	hat the de	etails provided above
Account Number  It is the responsibility of the are accurate. Failure to payment to employees.  Authorisation  I authorise the Business Seedeposit my salary and/or we it is my responsibility to expense.	provide accur ervice Organisa ages into the n ensure that ac	ate inform  ation, acting ew account	ation will g on beha	result in inaccurate
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Query Number