

# BANK DETAILS FORM

Please complete an electronic copy of this form, electronically sign\* (please see below) and return to [SLE@hscni.net](mailto:SLE@hscni.net)

## Section 1: Personal Details

<b>Organisation:</b>	NIMDTA (Single Lead Employer)
<b>First Name:</b>	
<b>Last Name:</b>	
<b>National Insurance No:</b>	
<b>Staff Number: (to be completed by NIMDTA)</b>	

## Section 2: Bank Details

<b>Bank Account Name (i.e. Mr John Smith):</b>	
<b>Bank Name:</b>	
<b>Bank Sort Code (6 digits):</b>	____ - ____ - ____
<b>Bank Account Number (8 digits):</b>	____ ____ ____ ____ ____ ____ ____ ____

*Please note that this must be a UK Bank Account  
 Before submitting this form please check your bank account details to ensure the information provided is accurate.*

**It is the responsibility of the employee to ensure that account details provided above are accurate. Failure to provide accurate bank account details will result in the rejection of the BACS transfer of your salary. Eventual payment of your salary will be delayed whilst this issue is rectified.**

### Authorisation

I authorise the Business Service Organisation, acting on behalf of my Employer, to deposit my salary and / or wages into the Bank 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.

<b>*Employee Signature:</b>	
<b>Employee Name:</b>	
<b>Date:</b>	

\*Electronically Sign - Several free Apps are available to support an electronic copy of your signature, e.g. Adobe Fill and Sign. For Desktop users, please use the following link: <https://get.adobe.com/uk/reader/For> Android and Apple users, please use the following link: <https://acrobat.adobe.com/uk/en/mobile/fill-sign-pdfs.html>.

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