



# Bank Account / Financial Distribution Details

## Staff Member Details

<b>Title</b>		<b>University ID</b>	U
<b>Family Name</b>		<b>Telephone</b>	
<b>Given Names</b>			
<b>College/Div/Centre</b>		<b>Dept/School/Section</b>	

***I hereby authorise the Australian National University to pay my total net salary to***

Name of financial Institution  Branch  BSB Number  Account Number  In the name/s of
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<b>Staff member/Scholar signature:</b>		<b>Date:</b>
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## Salary Distributions

I also authorise The Australian National University to distribute the following amounts to the financial institutions indicated below. My Net Salary is to be sent to my main account as provided above. I realise that these distributions will be made in the same order as on this form.

- Please note:**
- It is recommended that you contact your financial institution to confirm the full BSB and account number. The card number **is not** the account number.
  - Forms incorrectly completed will be returned for correction; changes will only be made upon returning the completed form.
  - If there is insufficient net pay, distributions will not be made.
  - On termination of employment, distribution/s will not be made in the final pay.
  - When making any changes, please list all distributions in order of priority.
  - Distributions not entered will automatically cease.

Distribution One	Distribution Two
Amount per pay	Amount per pay
Name of financial Institution	Name of financial Institution
Branch	Branch
BSB Number	BSB Number
Account Number	Account Number
In the name/s of	In the name/s of

<b>Distribution Three</b>		<b>Distribution Four</b>	
Amount per pay		Amount per pay	
Name of financial Institution		Name of financial Institution	
Branch		Branch	
BSB Number		BSB Number	
Account Number		Account Number	
In the name/s of		In the name/s of	
<b>Distribution Five</b>		<b>Distribution Six</b>	
Amount per pay		Amount per pay	
Name of financial Institution		Name of financial Institution	
Branch		Branch	
BSB Number		BSB Number	
Account Number		Account Number	
In the name/s of		In the name/s of	
<b>Staff member signature:</b>		<b>Date:</b>	

## Note

- You must advise the Remuneration and Conditions Branch 21 days in advance if you wish to cease these distributions prior to proceeding on leave.
- For personal identification purposes, your University ID will be disclosed to the relevant financial institutions.