CHANGE OF PERSOAL DETAILS FORM

Employee's Name (PRINT CLEARLY)_____ Date _____/_____/_____

Employee's Signature_____ Employee No [ ][ ][ ][ ]

Employee email address [ ]

[ ]

Employee's contact number [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Employee address_____

_____

County _____ Post Code _____

All employees will require a bank account to receive their weekly pay.

NOTE: All staff are responsible for entering the correct details, failure to do so may well affect the payment.

Employee's Bank Details								
BANK NAME								
BANK BRANCH AND ADDRESS								
ACCOUNT HOLDER NAME								
BANK SORT CODE			_			_		
BANK ACCOUNT NUMBER								

To be completed if the account details provided are not your own, this must be completed by the account holder:

DECLARATION:

I agree to let_____have use of my bank account to have their wages paid.

Name of the Account holder_____Date_____

Account holder signature_____