

## E.F.T. Authorisation Form

(Electronic Funds Transfer)

(Please print clearly)										
Surname:										
First Name:										
Address:										
Payments: I hereby authorise Adecco	to cre	dit pay	ments	s to the	accou	ınt nor	ninate	d belov	w:	
Bank Account Details:										
Name of Bank or Financial Institution:										
Branch Address:										
Name Account Held in:										
BSB Number: (eg 083-462)				_						
Account Number: (up to 9 digits)										
Note: The number that a	ppears	s on y	our cr	edit ca	ard is	not yo	ur BS	B and	ассоц	ınt number
<b>Note:</b> Please ensure that your account details are correct. Due to Australian Privacy Legislation, Adecco is unable to verify your bank account details on your behalf. As such, failure to provide Adecco with the correct details may lead to delays in payments being made to you.										
Payment Advices and Pa Your Payment Advices (i.e to your nominated e-mail a provided to your postal ad	e. pay s address	slips) a	and an	nual P						
e-mail Address:										
<b>Note:</b> Please ensure the e-mail address you nominate is your own. Adecco accepts no liability in this regard. If you do not provide an e-mail address now and wish to in the future, please notify Adecco in writing.										
Change in Details:  If the account into which my pay is deposited is closed or transferred to another Branch, Bank or Financial Institution, I will notify Adecco immediately in writing.  If my email address changes in the future, I will notify Adecco immediately in writing.										
Signature:							[	Date:		
<del></del>								-		