

CHANGE TO PERSONAL DETAILS FORM

Please complete the relevant section of this form only and send to payroll@pqsa.asn.au

Name: _____

PAYROLL NUMBER

CHANGE OF ADDRESS/CONTACT DETAILS

NEW ADDRESS:

Effective from: ____/____/____

Address: _____

Suburb: _____ State: _____ Post Code: _____

Postal Address: _____ (If different from above)

CONTACT DETAILS: Effective from: ____/____/____

NEXT OF KIN:

New Mobile Number: _____

Name: _____

Email Address: _____

Mobile Number: _____

CHANGE OF NAME

Effective from: ____/____/____

Previous Name: _____

New Name: _____

(We require a copy of the Deed Poll, Marriage Certificate or Birth Certificate attached to this form)

NEW BANK ACCOUNT DETAILS

Effective from: ____/____/____

We will not and cannot be held responsible for delays in pay transfers to financial institutions. New bank account details are:

Bank Name: _____ Branch: _____

Account Name: _____

B.S.B. Account Number:

(No more than nine numbers)

I, _____ hereby authorise The Paraplegic and Quadriplegic Association of South Australia Ltd. (PQSA) to implement the above changes as requested and accept responsibility for any errors or omissions provided on this form.

Signed: _____

Date : ____/____/____

Office Entry: Payroll: Date: ____/____/____ Initial _____ **Org Chart:** Date: ____/____/____

Carelink+: Date: ____/____/____ **E-Learning :** Date: ____/____/____ **Email:** Date: ____/____/____

FOUR: Date: ____/____/____