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| Department of Premier and Cabinet |
| Direct Credit Application |

This form is to be used for VPS and EO employees to supply or update direct credit (payroll) details. We require this information to process your Direct Credit application.

*This information is to be used for the purposes for which it was collected by HR Shared Services. For further guidance regarding privacy policies please refer to your Department’s guidelines.*

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| **Family Name:** | **Given Name(s):** | |
| **Telephone:** | **Email:** | |
| **Division:** | **Group / Branch:** | |
| **ACCOUNT 1** **P 1** | | |
| Nominated amounts will be paid to accounts 2 & 3 first. The net balance of pay will be deposited into this account. *(No money will be deposited into this account if for any reason your fortnightly pay is less than your additional nominated amounts.)* | | |
| **BSB Number:** *(Payment cannot be made if these details are incomplete).*  **Account Number:**  **Account Title:**  **Bank Name:**  **Branch Name:** | | |
| ACCOUNT 2 OPTIONAL P 2 | | |
| Use this section only if you require a nominated amount to be deposited into an account each fortnight. Money will be deposited into this account first (Eg $100)*.* | | |
| **BSB Number:** *(Payment cannot be made if these details are incomplete.)*    **Account Number: Amount $**...............................................**.............**  **Account Title:**  **Bank Name:**  **Branch Name:** | | |
| ACCOUNT 3 Optional P 3 | | |
| Use this section only if you require a nominated amount to be deposited into an additional account each fortnight. This amount will be deposited second (Eg $50)*.* | | |
| **BSB Number:** *(Payment cannot be made if these details are incomplete.)*  **Account Number: Amount $**...............................................**.............**  **Account Title:**  **Bank Name:**  **Branch Name:** | | |
| **Authorisation** | | |
| I authorise HR Shared Services to pay my net salary to my account(s) as above.  Effective Date: ........... / ......... / ............ (*Leave blank if change is to be from next pay)*  Signature: ...................................................... Date: ........ / ......... / ........... Phone: .................................. | | |
| **Hr Shared Services Office use only** | | |
| Processed by: .......................... | | Date: .........../.............../........... |
| Please return to the HR Shared Services Unit:  [hr.shared.services@edumail.vic.gov.au](mailto:hr.shared.services@edumail.vic.gov.au)  DPC: 1800 039 411 | | |