

BANKING AUTHORITY

BANKING AUTHORITY FORM FOR POSTGRADUATE RESEARCH SCHOLARSHIP RECIPIENTS

PLEASE COMPLETE AND FORWARD TO:

ADELAIDE GRADUATE CENTRE
Level 6, 115 Grenfell Street, Adelaide SA 5005

Please complete this form and return it together with your signed Scholarship Acceptance Form.

The purpose of this form is to advise the Human Resources Branch of your bank account details to enable them to make payment of your fortnightly stipend. You may elect to have your stipend distributed to different accounts, this can be actioned by logging on to SSO (Staff Services Online) on or after your first day of employment.

Please note: stipend payments for Commonwealth funded scholarships must be paid into an account held in the name of the scholarship recipient.

STUDENT DETAILS (PLEASE USE BLOCK LETTERS)

Student ID: _____ School/ Discipline: _____ Contact No: _____

Title: _____ Family name: _____ Given names (in full): _____

Scholarship name(s): _____

MAIN DEPOSIT ACCOUNT

Effective Date: _____

Name of financial institution: _____ Branch: _____

Account holder's full name: _____

BSB: _____ Account no (maximum 9 digits): _____

AUTHORISATION (SIGNATURE IS REQUIRED)

Scholarship Holder

I hereby give the University of Adelaide authority to credit all monies due to me to the account specified above. This authority remains in effect unless updated by me via SSO.

Signature: _____ Date: _____