CHANGE OF DETAILS FORM



1: PERSONAL DETAILS

Employee Name	Date of Birth	Employee Number	
REQUIRED	REQUIRED	REQUIRED	

2: CHANGE BANK ACCOUNT DETAILS

(PLEASE NOTE: BankVic Everyday and Entertainment VISA Cards are not able to be changed, please don't specify)

Benefit	Account Name	BSB	Account Number	Change being made	Substantiation	
				☐ Commence/ Current Account ☐ Cease	☐ ID Provided ☐ Payroll Account (must be Active)	
				☐ Commence/ Current Account ☐ Cease	☐ ID Provided ☐ Payroll Account (must be Active)	
				☐ Commence/ Current Account ☐ Cease	☐ ID Provided ☐ Payroll Account (must be Active)	
				☐ Commence/ Current Account ☐ Cease	☐ ID Provided ☐ Payroll Account (must be Active)	
* If account details don't m (these don't need to be cer	natch an active payroll accou. rtified)	nt, two forms of ID	are required to be attac	hed (one must be photo)		
□ Please stop payment all	other accounts not listed abo	ove (excluding Ban	kVic Everyday and Ente	ertainment Cards)		
DECLUDED				DECLIDED		

- To change Super details use Salary Packaging Super Choice Form available at ehsalpack.com.au/faqs-and-forms
- All other details are required to be updated with Eastern Health Payroll

Employee Signature

p 9955 1222 e salarypackaging@easternhealth.org.au

Date