ELECTRONIC FUNDS TRANSFER (EFT)
OF WAGES TO BANK ACCOUNT

LAST NAME _____

FIRST NAME _____

ADDRESS _____

_____

CONTACT NO.(H). _____

PERMANENT RESIDENT OF AUSTRALIA Y / N

TRAVELLER Y / N

I hereby authorise and request **Polyglot Group Pty Ltd** to credit my bank as indicated below

NAME OF BANK/ BUILDING SOCIETY _____

BRANCH OF BANK/ BUILDING SOCIETY _____

HOLDER'S ACCOUNT _____

NAME BSB NUMBER (6 DIGITS) __ __ __ - __ __ __

ACCOUNT NUMBER _____

I have read, understood and accept that:

- **Polyglot Group Pty Ltd** accepts no responsibility for the incorrect allocations of these payments by the bank.
- **Polyglot Group Pty Ltd** must be advised immediately, by completing a new EFT Form, if the account to which my pay is deposited is closed or transferred to another Branch or Bank.

Employee Signature _____

In the event of an emergency please contact: (Where Appropriate)

NAME

CONTACT NUMBER

Office Use Only:

Confirmed By

THE POLYGLOT GROUP

A.B.N. 29 088 338 523
25 Burton Street, Glebe NSW 2037
Telephone (02) 9518 4388 - Fax (02) 9518 4308
Email: nsw@polyglot.com.au

ADELAIDE **BRISBANE** **MELBOURNE** **NEW CALEDONIA**