

Office Use Only	
Date received:	
Initial:	
Date actioned &	
recorded into Aurion:	

The employee uses this form to change any of their employee details.

	The emp	oyee uses tilis	וווווווו נט נו	ialige a	ny or their em	pioyee details.			
Employees Name	(Please Print):								
Employees Signature:									
Date:									
Change of Name									
Please Circle:	Mr / Mrs / Ms	/ Miss / Ot	her S	Surnan	ne				
Change of address									
Home Address:	Street					or PO Box #			
	Suburb					1 0 0 20			
	State				Postcode				
Home Phone:	()	l		Cont	act Phone:	()			
Mobile Phone:	()				lumber:	()			
Change of Bank Details									
Account details to	o be removed		Accou	nt num	nber:		BS	B:	
New Account	Acco	ount Name							
Details:	Accour	nt Number							
	Acc	ount Type							
		B Number							
	Bank	Full Name							
A second account	can be added to v	which a fixed	amount o	r a per	centage can	be paid			
	Acco	ount Name							
	Accour	nt Number							
	Acc	ount Type							
	BS	B Number							
	Bank	Full Name							
Amount: \$ or %									
Change of Superannuation Fund or Contribution									
Account Name:		Member Number:							
Fund Name:		Contact No:							
ABN No:		USI: (information on your fund statement)							
If you wish to make additional contributions each pay period									
Please specify if contribution is Pre Tax or Post Tax:									
Fixed Amount	\$			Or	percentage	%			
Additional Tax deduction									
Extra Tax:	Amount: \$			or	%				
Payroll deductions									
Deduction Name	:		\$	De	duction Nam	e:			S

Version 2 Updated – 2 March 2017