Direct Credit Cancellation Request Form

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| **Employee Details** | | | | | | |
| **Family Name:** | | **Given Name(s):** | | | **Employee ID:** | |
| NOTE: There is NO provision to replace a cancelled pay in eduPay.  If a pay is cancelled the employee will be paid in the next available pay period. | | | | | | |
| To cancel a Direct Credit on eduPay, provide the following banking information for each bank account associated with the Net Pay.  Pay Day Dated Enter the Total Net Pay to be Cancelled | | | | | | |
| |  | | --- | | **Information: If**  **employee have multiple bank account distributions? If so provide details of each Pay Distribution below.** | | | | | | | |
| **Bank Accounts** | **Account Name** | | **BSB** | **Account Number** | | **Distribution Amount $** |
| Main account 1 |  | |  |  | |  |
| Additional Bank 2 |  | |  |  | |  |
| Additional Bank 3 |  | |  |  | |  |
| Additional Bank 4 |  | |  |  | |  |
| Additional Bank 5 |  | |  |  | |  |
|  |  | |  | Total Distributions(1+2+3+4+5) | |  |
| **Reason for Cancellation** | | |  | | | |
|  | | | | | | |
| **Declaration: By signing below, I authorise the cancellation of the direct credit arrangement mentioned above.** | | | | | | |
| **Employee Signature:** | | | **Date:** | | | |

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| **Cancellation Requested by** | |
| **Requested By:**  **Manager/ Executive Director** | **Signature** |
| **Date** | **Contact Number** |

*Please ensure all necessary details are filled accurately to avoid processing delays.Sign, Scan and email to* ***vcaa.hr@education.vic.gov.au***

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| *A copy of the recalled payslip must be included with the request* |
| *Cancellation requests must be received by* ***4.00 pm on the Tuesday*** *of Pay Week.* |

*If you have any questions or require assistance, feel free to contact Human Resources on* ***1800 718 320****.*