Direct Credit of Salary Form

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| **Privacy:** In compliance with its obligations, the VCAA compiles the information provided in this form, encompassing personal details as specified in section 3 of the Privacy and Data Protection Act 2014 (Vic), for the explicit purpose of facilitating remuneration for employment.  The VCAA will not use or disclose anyone your personal information collected in this form unless it's needed for the purpose mentioned, you agree, or required by law to do so.  All employees are entitled to request access to their personal information held by the VCAA and, if deemed inaccurate, may request its rectification. For the retrieval of personal information retained by the VCAA, contact vcaa.hr@education.vic.gov.au  The comprehensive VCAA Privacy Policy is accessible at <https://www.vcaa.vic.edu.au/Footer/Pages/Privacy.aspx> |

Note: employees should use eduPay Employee Self Service to view leave entitlements.

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| **Employee Details** | | | |
| **Family Name:** | **Given Name(s):** | | **Employee ID:** |
| **Work Unit Name/ Division:** | | | **Telephone:** |
|  | | | |
| **Bank Account Details – Main/Primary Account** | | **Net Pay Distribution Details** | |
| **Bank Name:** …………………………………………………………………  **Branch**  ……………………………………………………………….  **Account Holder Name:** …………………………………………………………………………  **BSB :** ……………………………………………………….  **Account Number:** …………………………………………………………. | | Primary Account | |
| **Bank Account Details – Additional Account 2 (Optional)** | | **Net Pay Distribution Details** | |
| **Bank Name:** ………………………………………………………………  **Branch** :  ……………………………………………………………….  **Account Holder Name:** …………………………………………………………………………  **BSB:** ……………………………………………………….  **Account Number:** ……………………………………………………………… | | **Distribution Amount**:………………………………………OR  **Distribution Percentage**:…………………………………  Partial Allowed?  *\*The ‘Partial Allowed’ checkbox authorises an amount to be deposited into this account where there is insufficient net pay for the full amount nominated.* | |
| **Declaration: I hereby authorise VCAA to deposit my salary directly into the specified bank account.I acknowledge that I am responsible for providing accurate banking details and that any discripancies are my responsibility to rectify.** | | | |
| **Employee Signature:** | | **Date:** | |
| *Subsequent banking updates should be completed using Employee Self Service.*  *For help in using ESS Banking refer to the Update Payroll Banking Details Quick Reference guide on the VCAA website.*  *Please submit the completed form to Human Resources for processing at* [*vcaa.hr@education.vic.gov.au*](mailto:vcaa.hr@education.vic.gov.au)*. If you have any questions or require assistance, feel free to contact Human Resources on 1800 718 320.*  *\* Please include your ID number and surname when returning the form.* | | | |

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| **Office Use Only** | |
| **Processed By:** | **Date:** |