

SCHOLARSHIPS PAYMENT AUTHORITY FORM

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Please print clearly and return the completed form to the Research Office.

Please tick ONE box as required:	
This is your first scholarship payment <input type="checkbox"/> [Add]	You wish to change existing details <input type="checkbox"/> [Update]
Payroll ID No. (if known): _____	Student No.: _____
Title: _____ Surname: _____	Other Names: _____
Gender (please tick): <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: ____/____/____
RESIDENTIAL Address (not a P.O. Box): _____	
State: _____ Postcode: _____	
(Please note that your fortnightly payslips will be posted to this address.)	
E-mail: _____	Home Phone: _____
University Phone: _____	Mobile: _____
Name of Scholarship/s: _____	
(Please refer to your offer letter or relevant correspondence.)	
Discipline/School & Faculty: _____	Degree: _____
BANK DETAILS	
Bank and account details should be verified with your bank. Incorrect details will delay processing of payment.	
Type of Account (please tick one):	<input type="checkbox"/> Savings <input type="checkbox"/> Cheque
BSB No.: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Account No.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name of bank/financial institution: _____	
Branch Address (street and suburb): _____	
Name/s in which account is operated: _____	
I hereby authorise The University of Sydney to pay all sums of money due to me as stipend to my account as detailed above until further notice. I understand that if my details change I must notify the Research Office in writing.	
Signature: _____	Date: ____/____/____

Research Office use only

PR	Position #	Job #	Class	Rate p.a.	Incr/Fxd	<input type="checkbox"/> I.D. Check <input type="checkbox"/> Checked _____ <input type="checkbox"/> Sent to H.R. <input type="checkbox"/> Entered <input type="checkbox"/> Paid
<input type="checkbox"/> Y						
<input type="checkbox"/> N						
R/Centre	P/Code	A/Code		Dist		