

Please complete this form in capital letters

Agency worker name: Payroll number:

Date of birth: / / National Insurance No:

If you are changing your address / phone / email, please state:

New address:

..... Postcode:

Tel. Number: Mobile Number:

Email:

If you have requested your payslip to be forward electronically to the email address supplied by you, **On Line People** cannot be held liable in any way for the security of this data once it is in your possession.

Password for electronic payslip:

Old Password:

Previous address:

..... Postcode:

Payment details

Please provide full details of new account infomation.

Name of account holder:

Name of Bank / Building Society:

Address of Bank / Building Society:

..... Postcode:

Account No: Sort code: - -

Building Society Ref. No:

If this is not your account, please sign to confirm the name of the account holder and relationship.

Name: Relationship:

Date you wish these changes to take effect: / /

Signature: Date:

HR use only:

Changed by: Authorised by: Date: