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|  | Provision of EFT and BIC  Electronic funds transfer and brief identification code |

Please print neatly using BLOCK CAPITALS, keeping within the boxes. Alternatively, you may complete this form on-screen.

Please complete the form in black pen and send to Queensland Curriculum & Assessment Authority (QCAA) by email to [hr@qcaa.qld.edu.au](mailto:hr@qcaa.qld.edu.au). For more information, please phone (07) 3864 0358.

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| --- | --- | --- | --- | --- | --- | --- |
| Personal details | | | | | | |
| Title: |  | **Family name:** |  | | | |
| Given names: |  | | | | | |
| Home address: |  | | | | | |
|  | | | | **Postcode:** |  |
| Phone: |  | | | *(during business hours)* | | |
| Email: |  | | | *(Please note all correspondence will be emailed including payslips.)* | | |

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| Brief identification code (BIC) details | | | | | | | | |
| Your BIC is an eight-character code that you nominate to us for use as a personalised identifier. Your BIC helps us to correctly identify your records in our database. Once you have nominated a BIC you should always use this code on all QCAA forms that request it.   * The first 4 characters must be numbers (0-9) and the second 4 characters must be letters (A-Z), for example 1201PWAL. * An easy-to-remember user ID: For the first 4 digits use the day and month of your birthday (e.g. 0412). For the last 4 characters, use your mother's first initial and the first three letters of her surname at birth. For example, if you were born on 12 January and your mother was born Pat Walker, your user ID would be 1201PWAL. | | | | | | | | |
| **Please provide your BIC:** |  |  |  |  |  |  |  |  |
| **Please provide your date of birth:** | /    / | | | | | | | |

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| Electronic funds transfer (EFT) details | | | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **BSB no.** |  |  |  | – |  |  |  | **Account no.** |  |  |  |  |  |  |  |  |  | | | | |
| Name in which account is held: |  | | |
| Name of financial institution: |  | | |
| Branch: |  | | |
| Branch address: |  | | |
|  | **Postcode:** |  |

**Signature:** ……………………………………………………………………..………….. **Date:**    /    /