



BANK ACCOUNT FORM

Date: _____

First Name: _____ Surname: _____

Address: _____

Suburb: _____ Town/City: _____

Postcode: _____

Phone (HM): _____ (AH): _____

Mobile: _____

IRD Number: _____

Bank Name: _____ Branch: _____

Name on Account: _____

Account Number: ___ / ___ / ___ / ___

Account Reference Number (if applicable): _____

Do you wish to enrol in Kiwi Saver (you must be eligible): Yes No

How would you like to receive your payslip: Email: _____