



63-67 Division St Welshpool WA 6106  
T: (08) 6424 8012  
www.scaffman.com.au

## PAYROLL INFORMATION FORM

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This form to be completed upon **start of employment** OR **if existing employees change their personal payroll information**.  
Changes to Addresses, Bank Accounts & Super Fund Details will only be made once form received by Head Office.

Employee Name:	
Signature:	
Date:	

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**Address:**


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**Bank Account Details:**

Name of Account:		
Bank:		
Branch:		
BSB:		(Must be 6 digits only)
Account No.		(Maximum 9 digits)

**NOTE:** It is important that the above information is accurate. If you are unsure of the BSB Number please check with your bank.

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**Superannuation Fund Details:**

Super Fund Name:	
Address of Fund:	
Fund Contact No:	
Membership No:	