

APPLICATION TO DEPOSIT SALARY INTO BANK ACCOUNT

The Head of Education
Western Cape Education Department
Private Bag X9114
CAPE TOWN
8000

Initials and surname

[illegible]

I hereby request you to deposit my salary directly into my bank account. I further undertake to inform the Western Cape Education Department in advance of any change in my bank account details and I accept that this authority may be cancelled only by me by giving 30 days' notice in writing.

ID NUMBER (attach copy)

[illegible]

PERSAL NUMBER

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NAME OF BANK

[illegible]

BRANCH CODE

[illegible]**ACCOUNT NUMBER**

Indicate with an X:

Savings account

1

Current account

3

Transmission account

1

Signature of applicant

Rank

Telephone number

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Thumb print of applicant

Signature of Head of Office/Principal

It is hereby confirmed that the above account number and branch code are correct as per the ACB/BDB provisions of this institution.

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Bank stamp

Signature of Bank Manager