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| PAYE Bank Details Amendment Form  *Please complete and return to your appointed Dutton International Branch* | | | | | | | | | | |
| **Name:** |  | | | | | | | | | |
| **Address:** |  | | | | | | | | | |
| **National Insurance Number:** |  | | | | | | | | | |
| **Date of Birth:** |  | | | | | | | | | |
|  | | | | | | | | | | |
| **Name the Account is held in:** |  | | | | | | | | | |
| **Bank Name:** |  | | | | | | | | | |
| **Account Holding Branch Address:** |  | | | | | | | | | |
| **Account Number:** |  |  |  | |  |  |  | |  |  |
| **Sort Code:** |  | | |  | | | |  | | |
|  | | | | | | | | | | |
| **Terms**   1. **Personal payment details**; it is essential that any information you have provided us with on this form are accurate and up-to-date. Upon being offered employment with us, we will rely on this information being correct. Failure to provide us with legitimate payment information will inhibit our ability to process payroll for you. At all times it is your responsibility to ensure this information is correct and any changes to the method or account to which we pay you must be made by written request. A change of banking details for any worker being paid through PAYE systems may be requested from any given Dutton International Branch. Payment information must be provided to us 7 days ahead of your given pay-date. 2. **Data Protection;** the information that you provide on this form will be used by Dutton International staff to carry out the payroll function within your employment. In providing this service to you, you consent to your personal data being included on a computerised database.    1. This information will be retained securely on our database for a set period and may not be re-requested upon future employment with us, it is therefore your responsibility to ensure that your details are correct    2. Your details will not be communicated to, passed on or amended by anyone other than yourself    3. Your details are not available or visible to any parties outside Dutton International Ltd. | | | | | | | | | | |
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| Declaration | | | | | | | | | | |
| **I hereby confirm that the information given is true and correct. I confirm I have read and understood all of the preceding information within this form and that all information that I have supplied is accurate, correct and up-to-date**  **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | |