STP PAYROLL AMENDMENT FORM

Private & Confidential

Title: Forename(s):

Surname: Date of Birth:

Payroll Number:

Please tick which of the following sections you would like to update:

1) Address ☐ 2) Payment Details ☐ 3) Name ☐

Please complete the relevant sections below:

1) Address Change - Your payslips will be posted to this address.

Address:

City: County: Post Code:

2) Payment Details Change – All payments are made by BACS on the last working day of the month.

Name on Account Card: Name of Bank:

Sort Code: Account Number:

Building Society Roll Number if applicable:

3) Name Change - Please provide proof in the form of a Passport, Marriage Certificate or Deed Poll Certificate.

Title: Forename(s):

Surname:

I certify that the above information is correct and accurate and that I will be held responsible if any of it is deemed to be false or inaccurate.

Signed: _____ **Date:**_____

STP Administrator Use Only

Please sign below to confirm that this form has been presented to the STP team, in the correct manner, for processing. Please note, photo ID must be presented in order to process a Payment Details or a Name change.

Signed: _____***Date:***_____