



Bank/Building Society Details

PLEASE PRINT CLEARLY IN BLOCK CAPITALS

Personal Details

Surname:	<input type="text"/>											
Forenames:	<input type="text"/>											
Date of Birth: (dd/mm/yy)	<input type="text"/>	<input type="text"/>	<input type="text"/>	Gender:*	<input type="text" value="Male"/>	<input type="text" value="Female"/>						
National Insurance Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Appointment Details

Title of your appointment:	<input type="text"/>
Department/Institute/Division:	<input type="text"/>

Bank/Building Society Details

Please pay my salary into the following Bank/Building Society account* until further notice:

Name of Bank/Building Society:	<input type="text"/>
Address of Bank/Building Society:	<input type="text"/>
	<input type="text"/>

Bank/Building Society Sort code:	<input type="text"/>	<input type="text"/>	—	<input type="text"/>	<input type="text"/>	—	<input type="text"/>	<input type="text"/>
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Bank Account number: (8 digits)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Building Society account/roll number: (if applicable)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Signed:	<input type="text"/>	Date:	<input type="text"/>
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Should you at any time change your account, please be sure to send a new Bank/Building Society details form HR before the published cut-off date.

Please return this form to: HR, Room W100, Tower 3, The London School of Economics and Political Science, Houghton Street, London WC2A 2AE

* delete as applicable

For HR use only

Input by:	<input type="text"/>	Date:	<input type="text"/>	Authorised by:	<input type="text"/>	Date:	<input type="text"/>
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