

Change of Bank Account



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

CLIENT NUMBER

Name

1. What is your name?

First name(s)

Surname or family name

Birth date

2. What is your date of birth?

Day Month Year

Address

Q3 note: If you live in a rural area, a house number could include:

- RAPID number
- fire number
- emergency services number.

Q4 note: Mailing address includes:

- postal box (PO Box)
- rural delivery details
- C/O address.

3. Where do you live?

Flat/house no. Street name

Suburb

City

4. What is your mailing address (if different from above)?

If you live at a rural address please include your rural delivery details here:

Bank details

Please provide proof of your/your partner's bank details, **or**

Get the bank to verify that the details on this form are correct by stamping and initialling this form.

OFFICIAL STAMP

Verified by

5. What are your new bank details?

Name of bank (eg ANZ):

Name of branch (eg Lower Hutt):

The account is in the name of:

The account number is:

Bank	Branch	Account number
■	■	■

6. What are your partner's new bank details?

Name of their bank (eg ANZ):

Name of their branch (eg Lower Hutt):

The account is in the name of:

The account number is:

Bank	Branch	Account number
■	■	■

OFFICIAL STAMP

Verified by

Change details

Please change my bank accounts for the following:

- Current benefit or pension
- Unsupported Child's Benefit
- Orphan's Benefit
- Child Disability Allowance
- Other ▶ Please provide details below:

Statement

Person changing account details to sign here.

The information I have given on this form is true and complete.

Client's signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

Partner's signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

OFFICE USE ONLY

Additional information:

Decision:

I have attached the appropriate verification

 Yes

Processor's signature

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

I have sighted the appropriate verification

 Yes

Authenticator's signature

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

I have sighted the appropriate verification

 Yes

Checker's signature

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

10% 100% Critical data

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Bring up

B

F

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year