

**Rannóg na nÍocaíochtaí Teagasc Baile
Rannán na Scoileanna- Airgeadas,
An Roinn Oideachais agus Scileanna
Cor na Madadh
Baile Átha Luain
Co. na hIarmhí
N37 X 659**



**Home Tuition Payment Section,
Schools Division – Financial,
Department of Education and Skills
Cornamaddy
Athlone
Co. Westmeath
N 37 X 659**

HOME TUTOR'S BANK DETAILS

Important:

This Department will only operate one (1) bank account for each individual.

Name: _____ PPSN: _____

Payroll No*: _____ School Roll No:** _____

*Payroll and School roll number apply only if you are or were ever paid on a Department of Education and Skills Payroll

Select from one of the two options below by ticking the relevant box.

1. I have never been paid on any of the Department of Education and Skill's payrolls and I am now providing my bank details :
2. I am currently on a Department payroll / have been on the Department's payroll in the past and now wish to change my bank details.

Please state the payroll area from which your current or previous salary or pension issued.

- Primary Teachers Payroll Section Post Primary Teachers Payroll Section
 Non- Teaching Staff Payroll Section Retired Staff Payroll Section

Notes :

- **Only original forms completed in full by the tutor will be accepted by the Department.**
- **This form should be submitted as soon as possible.**
- **This form should only be submitted if the tutor wishes to change the bank details currently held by the Department of Education & Skills.**

MY BANK DETAILS ARE AS FOLLOWS:

Please ensure that this is printed clearly as errors will cause delays in any payment due to you.

Declaration :

I declare that the bank details furnished in this form are true and correct and that I have full withdrawal access to this bank account. I undertake to immediately inform the Department of any change to this bank account. I am aware that by changing/ updating or advising this Department of this bank account that all payments from all sources due to me from this Department will be issued into this account.

I hereby authorise the sharing of this information with the relevant Department's payroll areas.

Tutors Name : _____ (PRINT ONLY)

Tutor's PPSN : _____

Tutor's Signature : _____ Date : _____

Bank Details

Name of the bank Account : _____

Name and address of Bank : _____

Bank Account Number : _____

IBAN _____

BIC Number _____

PLEASE RETURN COMPLETED FORMS TO:
The Department of Education & Skills
Home Tuition Payments Section,
Schools' Division Financial
Cornamaddy , Athlone
Co. Westmeath N37X 659