



multiserve

**Bank Account Details**

**Caregivers** – Payment will be in the form of a direct credit to the account number provided.

Please complete details below and send this form and the pre-printed or bank verified deposit slip or top part of a bank statement to:

**Multiserve Limited, Transport Division, Private Bag 92617, Symonds Street, Auckland 1150**

Please tick one

New		Change of Bank Account	
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Student's Name/s:	
School Attended:	
Caregiver's Name:	
Address:	

I (caregiver's name) \_\_\_\_\_, Caregiver of (student's name) \_\_\_\_\_ agree that the conveyance allowance received, **is paid to the nominated account attached.** We also accept that funds will continue to be paid in to this nominated bank account until Multiserve are advised differently and that I/we remain liable for any over payments.

Caregiver's Signature \_\_\_\_\_ Date \_\_\_\_\_

Effective from date \_\_\_\_\_

Note: This signature must be the same as the signature on the Application Form.

**Please attach a pre-printed or bank verified deposit slip, or top part of a bank statement to verify account details. We cannot accept hand written accounts or ATM receipts.**