

Return form to: Manager, Research Funding and Scholarships

[researchscholarships@vu.edu.au](mailto:researchscholarships@vu.edu.au)

# Scholarship Payment Advice

The award holder should only complete Sections A and B. Payment of the scholarship will not commence until this form and proof of enrolment have been received by

[researchscholarships@vu.edu.au](mailto:researchscholarships@vu.edu.au).

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## A. PERSONAL DETAILS (to be completed by the award holder)

Title	First Name	Surname	Student ID

### Address for correspondence:

Street			
City		Postcode	
Telephone:			
Email:			
Date of Birth			

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## B. BANKING DETAILS (to be completed by the award holder)

*I hereby authorise my sponsor, Victoria University of Technology, pursuant to Section 82(1b) of the Industrial Relations Act 1979, to pay my stipend into my bank account, details of which are provided below.*

Financial Institution	Account Name	BSB	Account number

Signed:

Date:

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## C. FOR PAY OFFICE USE ONLY

Payroll Number		Position Number	
Banking Details Confirmed		Yes	No

Authorising Officer Signature

Date:

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