

# BOARDING TUTOR PAYMENT INFORMATION FORM

Confidential Financial Information

Please complete this form to provide the necessary information for processing your payments. All information will be kept confidential and used solely for payment purposes.

## PERSONAL INFORMATION

**Full Name (as it appears on your bank account):**

**Employee ID/Staff Number (if assigned):**

**Position/Role:**

**Email Address for Payment Notifications:**

**Contact Phone Number:**

## PAYMENT METHOD PREFERENCE

**Preferred Payment Method:**

☐

**Direct Deposit/Bank Transfer**

☐

**PayPal**

☐

**Check/Cheque**

☐

**Other (please specify):**

### **BANK ACCOUNT INFORMATION (for Direct Deposit)**

**Account Holder Name:**

**Bank Name:**

**Account Type:**

☐

**Checking/Current**

☐

**Savings**

**Account Number:**

**Routing/Sort Code:**

**SWIFT/BIC Code (for international transfers):**

**IBAN (if applicable):**

### **PAYPAL INFORMATION (if applicable)**

**PayPal Email Address:**

### **TAX INFORMATION**

**Tax Identification Number/National Insurance Number:**

**Tax Status:**

☐

**Employee**

☐

**Independent Contractor/Self-Employed**

**Tax Code (if known):**

## **PAYMENT SCHEDULE ACKNOWLEDGMENT**

I understand that payments will be processed according to the following schedule:

**Payment Frequency:**

☐

**Weekly**

☐

**Bi-weekly**

☐

**Monthly**

☐

**Termly**

Payment will typically be processed on the following day(s):

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I understand that I am responsible for submitting any required timesheets, invoices, or other documentation by the following deadline:

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## **AUTHORIZATION**

I authorize the school/institution to:

1. Deposit my payments directly to the account specified above
2. Make corrections to errors in deposits
3. Withhold appropriate taxes and deductions as required by law

I understand that it is my responsibility to:

1. Verify that payments have been correctly deposited
2. Notify the finance department of any errors or changes to my banking information
3. Provide updated information if any of my payment details change

I confirm that the information provided above is accurate and complete.

\_\_\_\_\_

Signature

**Date:**

**Privacy Notice:** *The information provided in this form will be used solely for the purpose of processing payments. Your data will be processed in accordance with relevant data protection legislation and will be stored securely. For more information, please refer to our Privacy Policy.*

**For Office Use Only:**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_