

TLC Nursing Services

TLC House
58 Ballykeefe Estate
Dooradoyle
Limerick

Salary Transfer Authorisation

Tel/Fax: 061 228 287
e-mail: tlc@registerednurses.com
Website: www.tlcnursing.ie



PART 1 Form of Address: Mr Ms Mrs Miss

Surname:

Forename:

D.O.B.

Previous Name:

Marital Status: Married Single Widowed

Gender: M F

PPS No:

Nationality:

Postal Address: _____

Tel.No:

Mobile No:

Part 2

Bank Name: _____ Bank Address: _____

Sort Code:

Account No:

Account Holder(s) _____ Date: _____

I hereby authorise TLC Nursing Services to send my salary direct to my Bank Account as detailed above and from

the following date:

Employee Signature: _____

Date: _____

