**Faculty of Medicine**

**RESEARCHER DEVELOPMENT AWARD REQUEST**

**Student bank details for Electronic Funds Transfer**

**Please be careful with these details.** These will be used as provided for electronic funds transfer, and UQ cannot retrieve or duplicate funds if the details are incorrect.

|  |  |
| --- | --- |
| **Payee details** |  |
| Full Name (First Middle Last) |  |
| Student Number |  |
| Student Email |  |
| Street Address |  |
| Suburb, Town or City |  |
| State |  |
| Postcode |  |
| **Australian Banking details** |  |
| BSB (6 digits) |  |
| Bank Account Number (max 9 digits) |  |