

To  
Department of Human Resources  
and Human Resources Development  
Medical University of Vienna  
Spitalgasse 23  
1090 Wien

## BANK ACCOUNT

<b>Surname and first name</b> .....
<b>IBAN:</b> .....

Please note that in the case of transfers beyond the EU-area the costs incurred have to be paid by the employee.

.....  
Place, Date

.....  
Signature Employee