

SUPPLIER DETAILS FORM – EFT Payments

Directions for completion of this form:

1. Please complete all fields and print **IN LARGE BLOCK LETTERS - it helps us get YOUR details correct.**
2. Generic email addresses are preferred (e.g. accounts@company.com.au) for remittance advices, as employee specific addresses can quickly become incorrect.
3. Please complete ALL Financial Institution details. The BSB code MUST BE 6 digits. The Account Number can have a maximum of 9 digits.
4. To help verify banking details, a copy of a pre-printed deposit slip or other document is required. This is also required when changing banking details.

ABN Number	□□	□□□□	□□□□	□□□□
Entity Name (as it appears on the ABR) http://www.abr.business.gov.au/				
Trading Name (as it appears on your invoices)				
Postal Address	Suburb, town or city			State
				Postcode
Contact Numbers - Accounts	Phone Number		Fax Number	
Email Address – Accounts				
Contact Name – Accounts				
Head Office or Branch Store details?				

Email address for remittance			
Account in the name of:			
BSB Code	□□□□	-	□□□□
Account Number	□□□□	□□□□	□□□□
Financial Institution Name			

I hereby request you to direct credit the above bank account for amounts owed by the Department to the above named supplier. I certify the bank details I am providing are correct.

_____ Date:
 Name of company director or payee Signature of company director or payee

Any queries regarding this form please contact the Invoice Management Team on (03) 8688 9400

For IMT use only	Confirmed Name	Date	Confirmed Signature