



**BANK ACCOUNT DETAILS
EFT PAYMENT**
Council Policy (CP035)
FORM 13

Date stamp

Part 1 Applicant Details

Organisation/Individual Name

Does the creditor/supplier have an Australian Business Number (ABN)?

Yes; please complete ABN below No; Statement by Supplier form is required GST Registered? Yes No

ABN (11 digits)

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Postal Address

Telephone

Contact Person

Email

Part 2 Bank Account Details for Payment

Bank Code (6 digits)

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Account Number

Account Name

Part 3 Declaration

I declare that I have authority to provide the bank details for the Organisation/Individual as listed in Part 1 and that the bank details I have provided in Part 2 are correct.

Name

Position

Signature

Date

Part 4 Return Details

Please return your completed form to:

Shire of Dardanup
1 Council Drive; PO Box 7016 Eaton WA 6232
Email: records@dardanup.wa.gov.au
Phone: (08) 9724 0000

Part 5 OFFICE USE ONLY

Creditor #

Synergy Record Reviewed by:

Entered by:

Date: