

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 a	Australian Business Number (ABN)?	
Yes; please complete ABN	No; Statement by Sup	oplier form is GST Register	red? Yes No
below	required	33	
ABN (11 digits)	<u> </u>		
Postal Address			
1 Ostal Address			
Telephone			
Telephiene			
Contact Person			
Email			
Part 2 Bank Account Details for Payme	nt		
Bank Code (6 digits)	Account N	Number	
Account Name			
Account Name			
Part 3 Declaration			
I declare that I have authority to pro	ovide the bank details for the	Organisation/Individual as liste	d in Part 1.
Name		Position	
Signature		Date	
Part 4 Return Details			
	Please return your	completed form to:	
		Dardanup	
		ox 7016 Eaton WA 6232	
		ardanup.wa.gov.au	
Part 5 OFFICE USE ONLY	Phone: (08	3) 9724 0000	
THE OSE ONLY			
Conditor II	Synergy Reco	ord	
Creditor #	Reviewed I		
Entered by:	Da	te:	
Littered by.	Da		