

ELECTRONIC FUNDS TRANSFER

I WANT TO

- ☐ Provide my account details for the first time
☐ Change my bank account details

CONTACT DETAILS

| | | | |
|----------------|--|--------|--|
| Name | | | |
| Address | | | |
| | | | |
| Postal Address | | | |
| | | | |
| ABN | | | |
| Email Address | | | |
| Business Phone | | Mobile | |

BANK ACCOUNT DETAILS

| | | | |
|----------------------------|--|----------------|--|
| Bank/Financial Institution | | | |
| Address of Bank | | | |
| | | | |
| Name on Account | | | |
| BSB Number | | Account Number | |

CONFIRMATION

| | |
|------------------------|--|
| Signature of Applicant | |
| Name of Applicant | |
| Date | |

IMPORTANT INFORMATION

- Information collected in this form by the Port Augusta City Council is used for the purpose of processing payments.
- The payee agrees to repay the Port Augusta City Council on demand any payments credited to the payee in error and Council reserves the right to offset any amount of any overpayment made in error against any future debt or liability owing by the Council to the payee.
- Port Augusta City Council reserves the right at any time to terminate or suspend this Electronic Funds Transfer system and pay by cheque or in any other manner which the Council may determine from time to time.
- Payment will be deemed to have been made when the Council has instructed its bank to credit your nominated account. The Council will not be responsible for any delays in payment or errors due to factors beyond its control including but not limited to delays or errors in the banking system or errors in the account details supplied.

OFFICE USE ONLY

| | | |
|----------------|--------------------------|--|
| TRIM Reference | Date Received | |
| | Process By | |
| | Creditor Account Updated | |
| | Notes | |