



Please complete your details and return the form to:

Alexandrina Council
PO Box 21
GOOLWA SA 5214

Phone: 08 8555 7000
Fax: 08 8555 3603

EFT FORM

Please complete this form with your details to allow direct payments into your nominated bank account.

Business / Trading Name of Supplier: _____

ABN Number: _____

Postal Address: _____

Contact Name: _____

Contact Phone Number: _____

Fax Number: _____

(for transmission of remittance advices)

Email: (Preferred) _____

(for transmission of remittance advices)

Name of Bank: _____

Bank Branch: _____

Account Number: _____

BSB Number: _____

Account Name: _____

Authorisation

I/We hereby agree for all payments from Alexandrina Council to be made by way of Electronic Funds Transfer to the above account.

Name: (please print) _____

Signature: _____

Date: ____ / ____ / ____

Office Use Only

Creditor Number: _____ Date Entered: ____ / ____ / ____