

To be completed by the creditor, all fields are mandatory

Creditor Details

Creditor Name:

Australian Business Number (ABN):

If no ABN number stated, in addition complete a "Statement by Supplier" form.

Banking Details

Bank Name:

Branch:

Account Name:

Bank Code (BSB): -

Account Number:

Address Details

Address:

City/Town:

State:

Post Code:

Contact Details

Given Name:

Family Name:

Email:

Phone:

SIGNED on behalf of the Creditor

I/We hereby agree for all payments by the City of Onkaparinga to be made by way of Electronic Funds Transfer to the above account. Payment will be deemed to have been made when the City of Onkaparinga has instructed its bank to credit the above account.

Conditions

The City of Onkaparinga will not be responsible for any delays in payment or errors due to factors outside its control, including delays or errors in the banking system, or errors in account details supplied. City of Onkaparinga reserves the right to suspend the EFT payment system. The recipient agrees to repay the City of Onkaparinga any payments credited to the recipient in error. The City of Onkaparinga reserves the right to offset any amount paid in error against future payments.

Name:

Date:

Position Title:

Signature:

To be digitally signed by an authorised representative