

# Electronic Funds Transfer

## Setup and Maintenance

Complete this form to arrange for future payments by CorporateLink to be made by electronic funds transfer (EFT) to your bank account.

### Type of Advice

(Tick applicable box)

New

Change Bank Details

### Vendor Details

Company/Name

Address

  


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Postcode

Telephone number

(    )

ABN

### Account Details

Bank/State/Branch No. (BSB)

Account number (Savings or Cheque a/c only)

Account name

To assist the Agency in verifying the bank account number, please attach a photocopy of a blank Deposit Book form.

### Bank Details

Full name of Bank

Branch

Address

  


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Postcode

**Note:** Please advise Vendor Maintenance Unit, Expenditure & Carer Services, CorporateLink of any changes to the Bank Details either by fax : (07) 3239 0706 or mail : GPO Box 1435, Brisbane 4001.

### Remittance Details (Please indicate your preferred method for receiving remittance advices)

Email

Fax

Mail

### Vendor Authorisation

Name

Signature

Date

 /  / 

### Processing Centre Use Only

Vendor number

Company code

 0 0 0

Purchase org.

Account group

 Z V 0