

NEW ACCOUNT DETAILS



ACCOUNT NO :

NAME :
(Business name is required to be registered with ASIC)

SITE ADDRESS :

POSTAL ADDRESS:

STATE:.....P/CODE:.....

PHONE :MOBILE:

EMAIL:

A.B.N.: REGISTERED FOR GST Yes No
(Business name is required to be registered with Australian Business Register)

For payment of Invoices, Bond Returns and Refund, please complete the following

NAME OF BANK:

BANK ADDRESS:

STATE:.....P/CODE.....

B.S.B NO:

ACCOUNT NO:

ACCOUNT NAME:

I authorise Swan Hill Rural City Council to transfer directly to the above Bank account and agree to notify Swan Hill Rural City Council, in writing, of any change to the above details, at least 14 days prior to the change.

Signature of Authorising Person:

Print Name:

Position:Date:

Please return to (Marked to the attention of the Officer requesting this information)
Swan Hill Rural City Council
PO Box 488
SWAN HILL VIC 3585
Email directly back to requesting Officer

I declare there is no Conflict of Interest between myself, my family or close friends and the proposed new supplier.

.....
Requesting Officer
Date

.....
Program Manager/Supervisor