



Authority for Electronic Funds Transfer

ABN: 84 608 917 940

Note: Form must be signed before submitting. All payments will be made to the account nominated on this form. It is the responsibility of the vendor to notify any change in bank details. Change of details will be processed within 14 days.

Provider details

Business Name (the Vendor/payee)

ABN (must match the entity or trading name when doing an ABN lookup on www.abr.business.gov.au)

Business Address Street Number or PO Box Street/Avenue

Town/Suburb Postcode

Contact Telephone number

Remittance advice

Please email my remittance advice to:

Bank details for Electronic Funds Transfer

Account name

BSB number -

Account number

Bank / Institution

Address of Branch

GST registered / created? Yes No

Declaration

I/ We (the Vendor) agree to abide by the following conditions that:

In consideration of the Department of Family and Community Services (FACS) undertaking to remit all moneys due to the Vendor under any contract from time to time held with FACS for payment specified in any such contract and in accordance with the particulars set out herein or as otherwise notified by the Vendor to FACS in writing, the Vendor agrees that FACS shall not be liable for any loss or damage, whether direct or consequential, arising out of any error, omission or delay on the part of the financial institution to which such moneys are remitted.

Full name (please print)

Signature

Contact Telephone number

Date

Please print, sign and email, fax or mail the form to:

Email: Vendormasterdata@facs.nsw.gov.au

Mail: Locked Bag 7466, LIVERPOOL BC 1871

Fax: (02) 9765 3607

For further information, please contact FACS on: 02 8753 8628

Website: www.housing.nsw.gov.au

Office Use Only

Vendor Number

Vendor Type

Company code

Payments