

EFT Application Form

Electronic Deposit of Vendor Payments



Multicultural Affairs Queensland

The Privacy Statement

The collection of personal information on this form and any attachments is authorised under the *Financial Accountability Act 2009* for the purpose of administering vendor account setups and maintenance. Your personal information will not be disclosed to other parties without your consent unless required or authorised by or under law.

To be completed by the applicant

| | | | |
|---|--|------------|--|
| Applicant's Name: (Business Name if applicable) | | | |
| ABN: (Do not use spaces) | | Telephone: | |
| Postal Address: | | Postcode: | |
| E-mail for Remittance: | | | |
| Remittance advices will be sent to the above address. | | | |

We hereby agree that all payments are to be made by way of Electronic Funds Transfer (EFT) to the following account:

BANK ACCOUNT DETAILS

| | | | |
|--------------------------------|--|-----------------|--|
| Name of Financial Institution: | | | |
| Bank Account Name: | | | |
| BSB No. (6 Digits) | | Account Number: | |
| On Behalf of The Grantee | Note: Please ensure that this form is signed and certified as correct by <u>two</u> members of your executive or committee responsible for your activities. | | |
| Authorised Person One | | | |
| Full Name: | | | |
| Position: | | Date: | |
| Signature: | | | |
| Authorised Person Two | | | |
| Full Name: | | | |
| Position: | | Date: | |
| Signature: | | | |

For Office Use Only

| | | |
|------------|------------|-----------|
| Name: | Vendor No: | Grant ID: |
| Signature: | Date: | |