

# Electronic Funds Transfer Application

## 1. Company/Payee Details

Name:
ABN:
Residential Address:
Postal Address:
Accounts Contact Name:
Telephone Number:
Email Address :

## 2. Financial Institution Details

Account Name:	
Bank Name:	Bank Branch:
BSB Number: -	Bank Account Number

## ***Conditions of Agreement***

1. This authorisation is only revocable after 14 days of written notice to the City of Kwinana and upon City of Kwinana's written acknowledgement of such revocation.
2. Any changes in banking details must be immediately notified in writing to the City of Kwinana.
3. The City of Kwinana is under no obligation to verify the Bank Account details provided.
4. The City of Kwinana will not be held responsible for any delays or errors in payments due to factors outside the City of Kwinana's control (including but not limited to those resulting from banking industry systems).
5. The supplier agrees to repay the City of Kwinana on demand any payments credited to the supplier in error. The City of Kwinana reserves the right to offset the amount of any overpayment made in error against future debts or liabilities owing by City of Kwinana to the supplier.

## **Declaration**

I/We hereby acknowledge and accept the condition of direct credit as stated in this application

Company Name:
Signature (Signed for and on behalf of company/name)
Title/Position:
Date:

Please return completed form to [payable@kwinana.wa.gov.au](mailto:payable@kwinana.wa.gov.au)  
or post to the City of Kwinana, PO Box 21, KWINANA WA 6966