



**EFT Application Form  
Electronic Deposit of Vendor Payments**

Please return completed form to:

Email: [FNQNMoonsoon@communities.qld.gov.au](mailto:FNQNMoonsoon@communities.qld.gov.au)

**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:			
Address:			Postcode:
Telephone:		E-mail:	
Remittance advices will be emailed 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:			
Account Name:			
BSB No. ( 6 Digits )		Account Number:	

<b>On Behalf of The Grantee</b>	<b>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. <u>Electronic signatures are not accepted.</u></b>		
Signature:			
Print Name:			
Position:		Date:	

Signature:			
Print Name:			
Position:		Date:	

<b>For Office Use Only</b>			
<b>Name:</b>			<b>Vendor No:</b>
<b>Signature:</b>			<b>Date:</b>