



80 CASTLEREAGH STREET
COONAMBLE NSW 2829

**NOTIFICATION OF BANK ACCOUNT DETAILS FOR EFT
(Electronic funds transfer) PAYMENT FROM COUNCIL**

No coversheet required if sending by fax: 02 6822 1626

Company Name: _____

Address: _____

ABN: _____

Name of Bank: _____

Branch Location: _____

Account Name: _____

BSB: _____

Account No: _____

Reference Details: _____

Authorised Persons Name: _____
(Please print)

Signature: _____

Date: _____

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OFFICE USE ONLY: CREDITOR NUMBER _____

DETAILS ENTERED BY: _____ DATE: _____