



SUPPLIER APPLICATION FORM

NAME:

ADDRESS:.....

.....

ABN:.....Registered for GST.....Yes/No.....

PHONE NO:

BANK DETAILS AUTHORITY

BANK DETAILS FOR ELECTRONIC FUND TRANSFER

Organisation Name •

Organisation Address.....

Account Name •

Bank Name:

BSB Number: Account Number:

Branch Address:

Email Address for Payment Remittance Advices.....

Fax Number for Payment Remittance Advices:

DECLARATION

I hereby declare that, to the best of my knowledge, all information above is true and correct and authorise the Rural City of Wangaratta to directly deposit funds into the above Bank Account.

Name: *(please print)*

Signature: Date:/...../.....

Please return completed form to:

Mail

Rural City of Wangaratta
Attn: Accounts Payable
PO Box 238
Wangaratta VIC 3676

Fax: (03) 5722 4623

Email: accounts@wangaratta.vic.gov.au

Enquiries: 03 5722 0825