**Department of Justice and Community Safety**

Justice Health

**SUPPLIER DETAILS FORM – EFT Payments**

**Directions for completion of this form:**

1. Please complete all fields and print **IN LARGE BLOCK LETTERS - it helps us get YOUR details correct.**

2. Generic email addresses are preferred (eg. accounts@company.com.au) for remittance advices, as employee specific addresses can quickly become incorrect.

3. Please complete ALL Financial Institution details. The BSB code MUST BE 6 digits. The Account

Number can have a maximum of 9 digits.

4. To help verify banking details, a copy of a pre-printed deposit slip or other document is required.

|  |  |
| --- | --- |
| ABN Number |  |
| Entity Name(as it appears on the ABR) | <http://www.abr.business.gov.au/> |
| Trading Name(as per your invoices) |  |
| Postal Address |  |
| Suburb, town or city | State | Postcode |
| Contact Numbers - Accounts |  |
| Email Address – Accounts |  |
| Contact Name – Accounts |  |
| Contact NumbersSales/Purchase Orders |  |
| Email AddressSales/Purchase Orders |  |
| Contact NamesSales/Purchase Orders |  |

**(Please note: Supporting documentation, example: a bank deposit slip, is required to confirm banking details)**

|  |  |
| --- | --- |
| Email address for remittance |  |
| Account in the name of: |  |
| BSB Code | - |
| Account Number |  |
| Financial Institution Name |  |

I **hereby request you to direct credit the above bank account for amounts owed by DJCS to the above named supplier. I certify the bank details I am providing are correct.**

Name of company director or payee Signature of company director or payee

Date: / /

**Return the form to Justice Health:**

Email to: jh-oed@justice.vic.gov.au

**Any queries regarding this form please contact Justice Health on (03) 9947 1601.**

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