

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 Numbers Sales/Purchase Orders | | | |
| Email Address Sales/Purchase Orders | | | |
| Contact Names Sales/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.