



## ELECTRONIC FUNDS TRANSFER (EFT) REQUEST FORM

### PART A – CONTACT DETAILS (ORGANISATION)

Party ID:

Organisation name:

Contact person:

Business address:

Suburb:  State:  Postcode:

Postal address:

(If different to above) Suburb:  State:  Postcode:

Contact phone: (  )

Email address:

ABN:

### PART B - FINANCIAL INSTITUTION ACCOUNT DETAILS

Financial Institution details (bank, building society, or credit union)

Bank name:

Branch:

BSB Number:  -

Account Number:  (Maximum of nine digits)

Account Holder:

Please include a **copy of a bank statement** which confirms that the bank details above are correct.

Nominate how you would like to receive your remittance advice (please tick one)

None

Email

Post

### PART C - DECLARATION

I hereby agree that all payments from SPER are to be made by way of direct deposit to above account.

I attach a scanned **copy of the bank statement** and confirm that the bank details above are correct.

Name:

Position:

Signed:

Dated:

**Privacy Statement** – The information you provide on this form will be used by SPER for the purpose of processing payments into a nominated account and to assist with the functions SPER has in connection with the administration or enforcement of the *State Penalties Enforcement Act 1999*. Collection of this information is authorised by the Act. SPER will take all reasonable precautions to maintain the confidentiality of your account details. Your personal information will not be disclosed to any third party without your consent unless authorised or required by law.