



Mid Murray Council  
PO Box 28  
MANNUM SA 5238

Phone: 08 8569 0100  
Fax: 08 8569 1931  
Email: [postbox@mid-murray.sa.gov.au](mailto:postbox@mid-murray.sa.gov.au)

## EFT FORM

Please complete this form with your details to allow direct payments into your nominated bank account.

Business/Trading Name of supplier: \_\_\_\_\_

ABN Number: \_\_\_\_\_

Postal address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Fax Number: \_\_\_\_\_  
(for transmission of remittance advices)

Email: (preferred) \_\_\_\_\_  
(for transmission of remittance advices)

Name of Bank: \_\_\_\_\_ Branch \_\_\_\_\_

Bank Code (BSB): \_\_\_\_\_ - \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Name: \_\_\_\_\_

***Please note that if you amend your email address please notify Council to ensure that your remittance advices are sent accordingly, ([postbox@mid-murray.sa.gov.au](mailto:postbox@mid-murray.sa.gov.au))***

### **Authorisation:**

I/We hereby agree for all payments from Mid Murray Council to be made by way of Electronic Funds Transfer to the above account.

Name: (please print) \_\_\_\_\_

Signature: \_\_\_\_\_

### Office Use Only

Creditor Number \_\_\_\_\_ Date Entered: \_\_\_\_\_