

APPLICATION FOR DIRECT ELECTRONIC FUNDS TRANSFER



To: Early Childhood Education Directorate
Department of Education
Locked Bag 53, DARLINGHURST NSW 1300

I/We hereby agree for all payments by the Department of Education to be made by way of Electronic Funds Transfer to the following account:

Legal Name of Organisation	<input type="text"/>
ABN	<input type="text"/>
Email Address	<input type="text"/>
Street Address	<input type="text"/>
Telephone	<input type="text"/>
Name of Bank Account	<input type="text"/>
Name of Bank	<input type="text"/>
Bank Address (Street)	<input type="text"/>
(Suburb)	<input type="text"/>
BSB (Bank/ State/ Branch)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Bank Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
GST Registered	Yes <input type="checkbox"/> No <input type="checkbox"/>

The Department of Education is under no obligation to verify the above bank account details, and any changes in the above particulars must be notified in writing at the above address.

Signature	<input type="text"/>
Print Name	<input type="text"/>
Title/Position	<input type="text"/>
Date	<input type="text"/>

The Department has the right to accept the authority of the above signed as conclusive evidence of that person's authority to execute this APPLICATION FOR DIRECT ELECTRONIC FUNDS TRANSFER on behalf of the organisation.

A payment made by the Department on the basis of information supplied in this document does not, if the payment was made in good faith for the purpose of satisfying a claim on the Department, subject the Department or any officer personally to any action, liability, further claim or demand in relation to that payment.

SAP: