

**INGLEWOOD SHIRE COUNCIL**  
**Electronic Funds Transfer (EFT) Details Form**

**Vendor/Supplier Details**

Vendor Number/Code (Office Use Only)	Vendor / Supplier Name
Postal Address	
	Postcode:
Facsimile Number	
Telephone Number	
Vendor Australian Business Number (ABN)	/ /

**Trading Terms**

Vendor Normal Trading Terms	
Discount Offered if paid within	Days of Invoice/Statement
Level of Discount offered	%

**Bank Details**

BSB (Bank/State/Branch) No.	
Account Number	
Financial Institution	
Branch	
Account Name	

**Remittance Advice**

We would prefer to have a remittance advice forwarded to us by:			
Facsimile	Y / N	Fax Number	
Mail	Y / N		

**Accounts Contact Details**

Contact Name	
Telephone	
Email Address	

**Authority**

Name of Authorising Person	
Position	
Signature	
Date	

**Please forward this form by mail to:**  
**Accounts Payable Officer**  
**Inglewood Shire Council**  
**PO Box 21**  
**INGLEWOOD QLD 4387**

**or facsimile to: 07 4652 1512**