

ELECTRONIC FUNDS TRANSFER (EFT) DETAILS FORM

Officials Details

Officials Name	
Sport	
School (if applicable)	
Postal Address	
Fax	
Phone	
Email Address	

Bank Account Details

Account Name																			
BSB							Account Number												
Bank Name							Branch												

Preferred Advice						
Method	<input type="checkbox"/> Email	<input type="checkbox"/> Fax	<input type="checkbox"/> Post			
<i>(please select how you would prefer to receive an EFT Remittance Advice)</i>						
Advise all payments	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
<i>(please select whether you would like an EFT Remittance Advice for all payments – NB Notification of all payments will appear on Bank Statements)</i>						

Signature	
<i>Official</i>	<i>Date</i>

OFFICE USE ONLY

Input by		Date	
Checked by		Date	

Signature	
<i>Authorised Officer</i>	<i>Date</i>