



# Electronic Funds Transfer Payment Request

Please complete this request if you wish to apply for future payments by Queensland Health to be made by Electronic Funds Transfer (EFT) to your Bank account.

## Vendor Details

Name

  

Address

  

Postcode

Vendor Number

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## Bank Details

Full Name of Bank

Branch

Branch Address

  

Postcode

## Account Details

To assist Queensland Health in verifying the bank account number, please enclose a photocopy of a Blank Deposit Slip (*Not applicable to QHBMS Scholarship Recipients*)

BSB Number

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Account Number

Account Type (i.e. savings/cheque)

Account Name



Queensland  
Government  
Queensland Health

## Remittance Details

Please indicate preference

Email

Mail

Fax

Please advise fax number

( )

## Authorisation

Please arrange for future payments by Queensland Health to be made by electronic funds transfer (EFT) to the bank account details below.

Name (please print)

Position

Old Health Bonded Medical Scholarship recipient

Signature

Date

/ /

## Company Stamp

*Not applicable to QHBMS Scholarship Recipients*

For your protection and Queensland Health's, this document must be supported by one of the following:

- Copy of a Bank Deposit Slip
- Confirming letter on Company Letterhead
- Official Company Stamp on this document

*Not applicable to QHBMS Scholarship Recipients*

Australian Business Number (ABN)

*Not applicable to QHBMS Scholarship Recipients*

Office of Rural Health to forward this request to:

Queensland Health

P.O. Box 2287

FORTITUDE VALLEY

BUSINESS CENTRE Q 4006

Or fax to: (07) 3406 6733