

**Electronic Funds Transfer
Payment Request**



**Queensland
Government**

Vendor Number:

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Name:									
ABN (Business) or Date of Birth (Patient):									
Address:									
Suburb/Postcode:									
PO Box		Suburb				Postcode			
Telephone (home)				Telephone (mobile)					

Bank details

BSB Number:					-				
Bank Account Number:									
Bank Account Holder's Name:									
Email Address for payment advice:									

I authorise all future payments to be deposited directly into the above bank account. I will advise of any changes to the above bank details.

Businesses: For your protection, please support your bank details by supplying one of the following.
Company letterhead with bank details or a copy of an invoice/bank deposit slip or Official Company Stamp.

<p>_____</p> <p style="text-align: center;">(Signature)</p> <p>Name: _____</p> <p>Date: / / </p>	<p>Witnessed by:</p> <p>_____</p> <p style="text-align: center;">(Signature)</p> <p>Name: _____</p> <p>Date: / / </p>
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Please forward this completed request to your HHS/DoH contact: