

**DEPARTMENT OF STATE GROWTH**

**PROVISION OF BANK DETAILS FOR PAYMENT BY EFT**

ORGANISATION/NAME:	
BSB NUMBER:	
ACCOUNT NO:	
BRANCH:	
ACCOUNT NAME:	
CONTACT NUMBER:	
NAME AND POSITION OF PERSON AUTHORISING DETAILS:	
SIGNATURE:	
EMAIL ADDRESS OR FAX NUMBER FOR REMITTANCE ADVICE  (Note: where appropriate the email address should be an organisations' central email address rather than an individual's email address )	
ADDRESS:	

Signed document to be forwarded to:

Senior Expenditure Officer  
Financial Services Branch  
5<sup>th</sup> Floor 10 Murray Street  
FAX 6233 6489