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| Department of Health Finance and Business SupportBudget and FinanceFinance OperationsGPO Box 125, HOBART TAS 7001 AustraliaPh: 03 6166 3864 Fax: 03 6173 0317Email: finance@health.tas.gov.au | Tasmanian Government Logo |

# Creditor Details and Bank Account Advice Form

## Please Provide Your Current Details:

|  |  |
| --- | --- |
| Business Name:  |       |
| Creditor Number (if known):  |       |
| ABN / Statement by Supplier: *(Either one must be provided)*  |       |
| Business Address:  |       |
| E-mail Address:  |       |
| Facsimile Number:  |       | Telephone Number: |       |

## Banking Details for Payment by Direct Deposit

Please arrange for all future payments to be made via Electronic Funds Transfer to the bank account detailed below:

*(Please note that the DoH/THS/DCT will not be held responsible for incorrect banking details provided resulting in payment to incorrect account)*

|  |  |
| --- | --- |
| **Account Name:** |  |
| **Bank:** |  |

### Bank B.S.B. (Bank, State, Branch)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **-** |  |  |  |

### Bank Account Number (maximum of 9 numbers)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
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**Please send remittance advice by:** E-mail [ ]  or Fax [ ]

## Confirmation of Details Provided / Authorisation for Payment by Direct Deposit

|  |  |
| --- | --- |
| Signed:  | Date:   /      /      |
| Title:       |

Please return either by email to finance@health.tas.gov.au or Fax (03) 6173 0317