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| Department of Health Finance and Business SupportBudget and FinanceFinance Operations GPO Box 125, HOBART TAS 7001 Australia  Ph: 03 6166 3864 Fax: 03 6173 0317  Email: [finance@health.tas.gov.au](mailto: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)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |

**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](mailto:finance@health.tas.gov.au) or Fax (03) 6173 0317