



SUPPLIER PAYMENT DETAIL REQUEST

Creditor Code
(Office use only)

Section 1- Accounts Receivable Details

Business Name			
E-mail			
Address			
	Postal Address if different to above:		
Berrigan Shire Account Number if applicable (Will be quoted on remittance advice)			
Phone		Fax	
ABN		GST registered?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 2- Sales/Purchasing Details (If different from above)

Phone	
Fax	
E-mail	
Address	

Section 3- Payment Details:

Account Name		Note to new supplier – If emailing invoices please email to mail@berriganshire.nsw .gov.au		
Account Number				
BSB No			Bank Name	
E-Mail for Remittance				

Section 4- Authorisation Details

This section needs to be completed by persons who have authority for approving EFT payments to the nominated bank account. Please provide one or two authorisers, depending on your company's authorisation procedures.

Authoriser's Name	Authorising Signature	Date
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Personal Information collected by the Council will be treated as per the Council's Privacy Management Plan and the *Privacy and Personal Information Protection Act 1998*.

The Privacy Management Plan is available on the Council's website or by contacting the Council's Administrative Office.