



SUPPLIER PAYMENT DETAIL REQUEST

Creditor Code
(Office use only)

Section 1- Accounts Receivable Details

Business Name

E-mail

Address

Berrigan Shire Account Number if applicable
(Will be quoted on remittance advice)

Phone Fax

ABN

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

Phone

Fax

E-mail

Address

Section 3- Payment Details

Account Name

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

Authoriser's Name

Authorising Signature

Date