



EFT PAYMENT FORM

(for Electronic Funds Transfer to the Bank account described below)

Return to: Cassowary Coast Regional Council
PO Box 887, INNISFAIL QLD 4860

Email: enquiries@ccrc.qld.gov.au

Client Account Details

Name:			
CAN/ARNB/ABN (Company Business Number)			
Address:			
Town:		Post Code:	
Postal Address: <small>If same as above please indicate</small>		Post Code:	
Phone:			
Email:			

Bank Account Details

Account Name:			
BSB:		Account N°	
Full Name of Bank:		Branch:	

Authorized by Client

Name:	Signature:	Date:
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The Remittance Advise will be forwarded, following the Electronic funds Transfer.
Payment will not be processed unless all of the above areas are completed

FINANCE USE ONLY

Name:	Position:	Date:
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Cassowary Coast Regional Council is collecting the information on this form to create/update your details in our financial management system. The collection of this information is in accordance with the Financial Accountability Act 2009 and the Financial Management practice Manual. Cassowary Coast may disclose some or all of this information to other State and Federal Government agencies including the Corporate Administration Agency (CAA) as provided for by legislation or in accordance with the Queensland government's Privacy Policy.