

# Agency Management Form – Post Billpay and IDV

(Australia Post Use Only)



Reason for AMF:

Agency Type:

GL:

## Section 1 – Account / Agency / Billing Information

Account Manager:

Agency Principal Name:

Agency Principal No.:

Distribution Channel:

ABN:

ZA – Agency Co-ordinator:

Managing State:

ZB – Agency Contact:

Agency Customer No. 1:

Transaction Code 1:

Agency Customer No. 2:

Transaction Code 2:

Agency Customer No. 3:

Transaction Code 3:

Agency Customer No. 4:

Transaction Code 4:

NB: If more than four Customer No's, please create a new AMF with Reason Type "Add Customer Pricing"

## Section 2 – Contract Terms

Start Date:

End Date:

Commission Billing  
Method:

Negative Adjustments &  
Dishonours:

CPI Applicable:

First CPI Review Date:

CPI Indexation Frequency:

CPI Rate Applicable:

CPI Quarter:

CPI Pro Rata Amount:

Target Revenue:

Is GST Applicable:

Covered by an Umbrella:

Umbrella Code:

Umbrella Description\* :

Missing Cheque  
Reversals Allowed:

\* Only required for New Umbrella Codes)

## Section 3 – Reporting

Collection Summary  
Required:

Frequency for Collection  
Summary:

Data Extract File Required:

Frequency for Extract  
File:

Daily Settlement Required:

(automatic for Net Settled)

#### Section 4 – Settlement (Vendor and Charge A/C Details)

Contact Person:

Communication Method:

Address Line 1:

Address Line 2:

Suburb:

State:

Postcode:

Industry:

Phone:

Fax:

Email:

ABN:

#### Bank Details for EFT Settlement

Bank & Branch Name:

BSB:

Account:

Vendor:

#### Section 5 – Pricing Schedule (if applicable)

Pricing Start Date:

Pricing End Date:

Are there split Conditions:

\* If yes, please create another pricing table applicable for the split conditions

#### Section 6 – Charging Details (for New Agencies)

Cost of Implementation:

GL:

Cost Centre:

Reference Text:

Charge Account:

Material Code: