

# 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:**