



# GENERAL REQUEST FOR PAYMENT BY ELECTRONIC FUNDS TRANSFER

STUDENT/STAFF/VISITOR DETAILS	
Student/Staff ID No. (If Applicable)	_____
Name	_____
Address/Dep't	_____ _____
Phone	_____

BANK ACCOUNT DETAILS	
BSB ____ - ____	Bank Account No. _____
Bank Account Name _____	
Bank _____	Branch _____
Email (for Remittance Advice) _____	

AUTHORISATION	
I authorise payments be made to the above bank account:	
Signature _____	Date _____

These bank account details will only be used by Deakin University for reimbursements or payments to you. You may terminate this arrangement, or change your bank account details by emailing Accounts Payable at [payables@deakin.edu.au](mailto:payables@deakin.edu.au)

Please note we sometimes experience problems paying into some credit unions and we apologise if you receive this form on multiple occasions as a result of this.

- Please Email this form to: [payables@deakin.edu.au](mailto:payables@deakin.edu.au) - This is a secure email address only accessible by Accounts Payable staff at Deakin University.
- Alternatively you can mail this form to:  
Accounts Payable, Financial Services, Deakin University, Locked Bag 20000, Geelong, VIC 3220

FSD USE ONLY	
Supplier Code _____	Supplier Site _____
Supplier file updated by _____	Date _____

Please email this form back to your Deakin University point of contact.