



VENDOR ID (Staff/ Student Number if Applicable)

VENDOR NAME

NAME OF FINANCIAL INSTITUTION (ie. Westpac, NAB etc).

ADDRESS/BRANCH OF FINANCIAL INSTITUTION

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BANK ACCOUNT NAME

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BSB NUMBER

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ACCOUNT NUMBER

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EMAIL ADDRESS (For receipt of remittance advice).

Conditions of use of EFT: -

- Future payments made by the University of Western Australia will be by EFT.
- Changes in the above particulars are to be notified immediately to Data Management, The University of Western Australia.
- The above-named Business agrees to repay to the University of Western Australia on demand any payments credited to the Business in error or as a result of incorrect information supplied on this form. The University of Western Australia reserves the right to off set the amount of any overpayment made in error against any future debt or liability owing to the University of Western Australia by the Business.
- The University of Western Australia reserves the right at any time to terminate or suspend this EFT payment system and to pay by any other manner which The University of Western Australia may determine from time to time.

In relation to the above bank details submitted to The University of Western Australia, I hereby certify the above information to be correct, and agree to the above conditions.

This form is to be signed by the vendor or the personnel receiving funds only.

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| Position: | | Name: | |
| Phone: | | Signature: | |
| Fax: | | Date: | |

Please return this form to:

The University of Western Australia
Financial Services
Data Management M449
35 Stirling Highway
Crawley WA 6009