

## Electronic Funds Transfer (EFT) Details Domestic



## This form is to be completed by the supplier

Vendor ID (or Staff/ Student Number, if applicable)																	
Vendor Name																	
Vendor Bank Name of Finan (ie. Westpac, NAB	cial Institution																
Address/ Brand Financial Institu																	
	Suburb				St	State						Postcode					
Vendor Austral Business Numl																	
BSB Number																	
Account Numb	er																
E-Mail Address	G (For correspondence a	and notification	ons)														
Please suppo	ort the above with e	evidence o											ader (no		nces		
correct. I und this form may consider that I also warrant Western Aust	the above bank deterstand that funds or not be recoverable no further liability of that future change tralia via askUWA.	paid to an e and The exists in re es to bank	uninten Univers lation to details	nded resity of ' the ir will be	ecipien Weste nvoice/ advise	nt due t rn Aus s invol	o erro tralia ved. vriting	ors o rese to F	r om erves	ission the r	ns in t	the in n thes es, Th	formationse circur	on sup mstand	plied of		
Position:						Name:											
Phone:									nature:							$\dashv$	
Fax:						Date:											
For Complete Vendor ID Date Actioned By	tion by Financial \$	Services			A		al Dat										