Authority for Payment of Accounts by Electronic Funds Transfer



Please complete this form to allow Colac Otway Shire to make payments direct into your nominated bank account.

Bank Account Details	
BSB Number	
Account Number	
Title of Account	
Bank Name	
Bank Branch	
Organisation Details	
Organisation Name	
Phone Number	
Fax Number	
Contact	
Postal Address	
	Post Code
Signature	Date/
Position	
ABN	
E-mail address (Preferred for delivery of remittance a Reference to be quoted On remittance advice	dvice)
Please return to:	Accounts Payable Department Colac Otway Shire PO Box 283 COLAC VIC 3250 accounts.payable@colacotway.vic.gov.au Phone 5232 9419 Fax 03 5232 1046

The personal information requested on this form/document is be collected for **Payment purposes.** The personal information will be used solely by Council for the primary purpose for which it was collected or a purpose the person would reasonably expect. The person providing the information understands that the personal information provided is for **Payment purposes** and that he or she may apply to Council for access to and/or amendment of the information. Requests for access and or correction should be made to the responsible officer or the Privacy Officer.