

PAYMENT BY ELECTRONIC FUNDS TRANSFER

This form is to obtain the required information to enable this office to transfer payment of Body Corporate invoices electronically.

We will advise you of any transfers that occur via email and you can expect to receive the payment in your account the next business day.

Please supply the following details and return via email, facsimilie or email.

Subject	Details Required
Company Name	
Address:	
Phone Number:	
Bank Account Name:	
Bank and Branch:	
BSB Number:	
Account Number:	
Australian Business Number:	
Email address:	

We are also collating information on your licensing and insurance details to ensure that you have the appropriate coverage. Please complete the following where applicable.

Workers Compensation	
Insurer	
Policy Number	
Expiry Date	

Professional Indemnity	
Insurer	
Policy Number	
Expiry Date	

Builders License	
Licence Number	
Expiry Date	

Public Liability	
Insurer	
Policy Number	
Expiry Date	

Owner/Director Name..... Business Phone:.....

Signature:..... Fax Number:.....

NOTE : ALL INVOICES MUST BE ADDRESSED TO THE BODY CORPORATE FOR.....CTS..... AND FORWARDED TO THE ADDRESS WHERE THE WORK WAS COMPLETED FOR AUTHORISATION BY THE BUILDING MANAGER/CHAIRMAN. DO NOT SEND TO THIS OFFICE AS THIS WILL ONLY SLOW DOWN YOUR PAYMENT.