

# Electronic Funds Transfer Payment Request



# Queensland Government

**Business Partner Number:**

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Name:								
Previous surname: (if applicable)								
ABN (Business) or Date of Birth (Patient):								
Address:								
Suburb:					Postcode:			
PO Box:		Suburb:				Postcode:		
Telephone (home):				Telephone (mobile):				

**Bank details**

BSB Number:				-			
Bank Account Number:							
Bank Account Holder's Name:							
Email Address for payment advice:							

I authorise all future payments to be deposited directly into the above bank account. I will advise of any changes to the above bank details.

**Businesses:** For your protection, please support your bank details by supplying one of the following. Company letterhead with bank details or a copy of an invoice/bank deposit slip **or** Official Company Stamp.

<p><b>Account Holder:</b></p>  <hr style="border: 0.5px solid black;"/> <p style="text-align: center;"><b>(Signature)</b></p> <p>Name: _____</p> <p>Date: _____</p>	<p><b>Witnessed by:</b></p>  <hr style="border: 0.5px solid black;"/> <p style="text-align: center;"><b>(Signature)</b></p> <p>Name: _____</p> <p>Date: _____</p>
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**Please forward this completed request to your HHS/DoH contact:**