



# CREDITOR DETAILS CONFIRMATION FORM

## REQUEST FOR PAYMENT BY EFT

Please complete the details below & return to the Accounts Payable Department by:

**Email:** [ap@mackay.qld.gov.au](mailto:ap@mackay.qld.gov.au)

**Fax:** (07) 4944 2404

**Post:** Accounts Payable, Mackay Regional Council, PO Box 41, MACKAY QLD 4740

Company Name: \_\_\_\_\_

ABN: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Phone Number/s: \_\_\_\_\_

Email Address: \_\_\_\_\_

Payment will be made to the below account:

**Payment will be processed only with a copy of bank statement details showing:  
Bank Name, Account Name, Account BSB and Account Number**

Name of Financial Institution: \_\_\_\_\_

Account Name: \_\_\_\_\_

BSB: \_\_\_\_\_ Account Number: \_\_\_\_\_

Email Address for Remittance Advices: \_\_\_\_\_

Email Address for Purchase Orders: \_\_\_\_\_

I have read and understood Mackay Regional Councils Terms of Business, available on the website  
[www.mackay.qld.gov.au](http://www.mackay.qld.gov.au)

I have attached a copy of my bank statement to confirm EFT payment details

\_\_\_\_\_  
Signature of Authorised Company Representative

\_\_\_\_\_  
Name and Title of Authorised Company Representative

\_\_\_\_\_  
Date

**Privacy Disclaimer**

*Mackay Regional Council is collecting your personal information in order to process your application. This information will not be disclosed to any other third party without your written or verbal authorisation or as we are required to by law.*