



REQUEST FOR PAYMENT BY ELECTRONIC FUNDS TRANSFER

Supplier Name: _____

Payment Address: _____

Supplier ABN: _____ GST Registered Yes No

Email: _____ Fax No: _____

BSB: _____ - _____ Account No: _____

Account Name: _____

Bank Name: _____ Branch: _____

Contact Name: _____ Tel No: _____

Signature: _____ Date: ____/____/____

We authorise payments to be made to the above bank account.

These account details will only be used for payment by the University for goods or services supplied. You may terminate this payment arrangement, or change your account details, by emailing Accounts Payable on payables@deakin.edu.au

DISTRIBUTION METHODS Please tick one for each

PURCHASE ORDER

Email: _____

Fax: _____

Post: _____

REMITTANCE

Email: _____

Fax: _____

Post: _____

DEAKIN UNIVERSITY'S PAYMENT TERMS ARE NET 30 DAYS

Please Mail to: Accounts Payable, Deakin University, Geelong, Victoria, 3217

or Email to: payables@deakin.edu.au

FBSD USE ONLY

Supplier Code: _____ Site Name: _____

Supplier file updated by: _____ Date: ____/____/____