Electronic Funds Transfer Application



Conditions of Agreement

Electronic Funds Transfer (EFT) is the City's preferred method of payment. Under this method of payment, the City will electronically deposit amounts owing to you directly into your nominated bank account. A brief description will appear on your bank statement to identify the payment as being from the City of Rockingham. Notification and details of payments are communicated via mailed remittance advice.

If there are any changes in the banking details, please notify the City of Rockingham immediately

The City of Rockingham will not be held responsible for any delays or errors in payment due to factors out of the City's control (including but not limited to those resulting from banking industry systems).

Completed forms must be returned by email accounts.payable@rockingham.wa.gov.au or post to City of Rockingham at PO Box 2142 Rockingham DC

Indicate applicable department to which this application refers:					
Accounts Payable					
Community Developme	ent				
Building					
Planning					
Other Department/Council Employee					
Company/Individuals Information					
Title	□ Mr	□ Mrs	□ Ms	□ Miss	Organisation/Company
Company/Payee Name					
ABN Number					
Postal Address					
Phone Number					
Email Address					
Banking Details					
Branch					
BSB Number					
Account Number					
Account Name					
Declaration: I/We hereby acknowledge and accept the conditions of direct credit as stated in this application					
Company/Individuals Name					
Signature (signed for and on behalf of company)					
Name					
Title/Position					
Date					
For Office Use Only					
For Office Use Only					
Accounts Payable Officer	Form Receiv	ed/Entered:		1 1	Signature:

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Revised: December 2019