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ABN: 68 284 130 046

Office Use:

Document ID:

NEW SUPPLIER/CREDITOR FORM

Please complete the form below with details of your bank account for our future EFT payments of invoices and return via email to accounts@roxbydowns.net

*Denotes required field

Remittance Advice will be emailed, no correspondence will be posted.

NAME/COMPANY DETAIL

Company Name: _____

Address: _____

Phone: _____

ABN: _____ Registered for GST Yes No

REMITTANCE ADVICE DETAIL

Email Address: _____

BANK ACCOUNT DETAIL

Account Name: _____

Bank Name: _____

Branch Name: _____

BSB Number: -

Account Number:

*Full name of person completing this application _____

*Signature of person completing this application _____

*Date ____ / ____ / ____

****IMPORTANT NOTICE****

**If your bank account details change, please advise Roxby Council in writing as soon as possible.
Thank you.**