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www.roxbydowns.sa.gov.au

ABN: 68 284 130 046

Office Use:

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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

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

NAME/COMPANY DETAIL

NAME:			
ADDRESS:			
ABN:		REGISTERED FOR GST?	YES / NO

REMITTANCE ADVICE DETAIL

CONTACT NAME:			
PHONE:			
EMAIL:			

BANK ACCOUNT DETAIL

ACCOUNT NAME:			
BANK NAME:			
BRANCH NAME:			
BSB #:			
ACCOUNT #:			

*Full name of person completing this application _____

*Signature of person completing this application _____

*Date ____/____/____

****PLEASE NOTE****

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