

KEMPSEY SHIRE COUNCIL

Civic Centre, 22 Tozer Street, Kempsey 2440
PO Box 3078, West Kempsey 2440
Phone 02 6566 3200 Fax 02 6566 3205
Web: www.kempsey.nsw.gov.au Email: ksc@kempsey.nsw.gov.au



EFT PAYMENTS

I in my capacity as
..... (position/job title) being an authorised
representative and on behalf of (company
name) at (postal address)
..... (phone no) (ABN)

do authorise Kempsey Shire Council to make payments for supplies and services to the
following bank account and contact details:

ACCOUNT NAME:
BANK: NAME:
BANK BRANCH:
BANK STATE BRANCH (BSB) NUMBER: (6 Digits)
ACCOUNT NUMBER : (Maximum of 9 Digits)
FAX NUMBER: EMAIL ADDRESS:

CONDITIONS OF THE AGREEMENT:

1. The supplier is responsible for the accuracy of the above details.
2. The supplier warrants that the bank account details provided are not false and comply with applicable laws.
3. The supplier is responsible to advise Kempsey Shire council in writing of any changes to the above account prior to making those changes or closing the nominated account.
4. Kempsey Shire Council reserves the right to terminate or suspend the arrangement to pay suppliers by EFT and to revert to payment made by cheque.
5. The supplier agrees to repay the Kempsey Shire Council on demand any payments credited to the suppliers account in error and reserves the right to set off the amount of any overpayment made in error against any future liability owing by it to the supplier.
6. Payment will be deemed to have been made when Kempsey Shire Council has authorised its bank to credit your nominated account. Kempsey Shire Council will not be responsible for any delays in payment or errors due to factors outside the Council's reasonable control, including but not limited to delays or errors in the banking system or errors in account details supplied.

AUTHORISED REPRESENTATIVE

WITNESS

..... (signatures)

..... (printed names)

Dated: