

Use this form to advise or update your bank, building society or credit union account details. Please print clearly.

Organisation Details

Organisation name

Address

Postcode

Email address

* Note: Prefer group or organisation email address where possible.

Your contact phone no. -

ABN

DGR

TCC

Regarding Client | Estate | Trust of

Client | Estate | Trust name

State Trustees reference no.

Relationship to Client (if appl.)

What type of payment will/do you receive?

Rent | Board | Lodging

Reimbursement

Payment of Account

Grant | Scholarship

Other

Banking details

- Payment will be made directly into the account detailed below.
- It is essential that the bank details below are complete and correct. Any missing or incorrect information may result in a delay in your payments.
- Please check directly with your bank if you are unsure of any of these details.



The bank, building society or credit union account must be in your name

Name of bank | Building society | Credit union

Branch where your account is held

Branch number (BSB)

Account no.

Account held in name of

Statement

I declare that
the information provided in this form is complete and correct.

I understand that
giving false or misleading information is a serious offence

Privacy Statement

State Trustees seeks to maintain the accuracy of the personal information it holds about you to assist us in providing our services to you. You are entitled to gain access to the information that you provide to us. For a full copy of our privacy policy go to www.statetrustees.com.au or call 03 9667 6200.

Name

Position held

Signature

Date

Please return this form to State Trustees, GPO Box 1461, Melbourne Victoria 3001, Australia or email:

Phone (03) 9667

OFFICE USE ONLY

Details Updated: Signature

Date