

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: _____

Contact phone number: () _____

Email address*: _____ @ _____

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

ABN: _____ DGR TCC

Regarding Client | Estate | Trust of

Client | Estate | Trust Name: _____

State Trustees Reference Number: _____

Relationship to Client (if applicable): _____

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
the name of the organisation.**

Name of bank | building society | credit union: _____

Branch where your account is held: _____

Branch number (BSB): _____ – _____ Account number: _____

(NOT your ATM card number)

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 +(613) 9667 6200.

Name: _____ Position held: _____

Signature: _____ Date: ____ | ____ | _____

Please return this form to:

Phone (03) 9667 6444 Fax (03) 9667 6410

OFFICE USE ONLY

Details Updated: Signature: _____ Date: ____ | ____ | _____