

Port Macquarie-Hastings Council
PO Box 84
PORT MACQUARIE NSW 2444
p (02) 6581 8111
e accounts.payable@pmhc.nsw.gov.au



pmhc.nsw.gov.au

Details of changes must be in writing and forwarded to:

Accounts Payable
Port Macquarie-Hastings Council
PO Box 84
PORT MACQUARIE NSW 2444

Or by email to: accounts.payable@pmhc.nsw.gov.au

at least seven (7) working days prior to the change taking effect.

I, in my capacity as (Position/job title)

Of (Business name) ABN

Being an authorised representative and on behalf of the above person/organisation ("Vendor") authorise Port Macquarie-Hastings Council ("Council") to make payments for goods & services to the following bank account and contact details:

ACCOUNT NAME:

NAME OF BANK:

BRANCH LOCATION:

BANK STATE BRANCH (BSB) NUMBER: (6 Digits)

ACCOUNT NUMBER:(Maximum of 9 digits)

Email address for EFT Remittance Advice:

CONDITIONS OF THE AGREEMENT:

- 1 The Vendor is responsible for the accuracy of the above details & warrants that the bank account details provided are not false and comply with applicable laws.
- 2 The onus is on the Vendor to advise Council in writing of any changes to the above account prior to making those changes or closing the nominated account.
- 3 Council reserves the right to terminate or suspend the arrangement to pay Vendors by EFT and to revert to payment made by cheque.
- 4 The Vendor agrees to repay Council on demand; any payment credited to the Vendors account in error and Council reserves the right to offset the amount of any overpayment made in error against any future liability owing by it to the Vendor.
- 5 Payment is deemed made when Council authorises its bank to credit your nominated account. 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

.....
(Signature)

.....
(Printed name)

.....
(Date)