

# Advising or changing organisation bank details

## About this form

This form ensures that your banking information is correct and up-to-date.

## How to use this form

Use this form to provide or update your bank, building society or credit union details with us.

Complete this form in blue or black pen using BLOCK LETTERS and tick where applicable.

Organisation details		
Organisation name:		
Street address:		
Suburb:	State:	Postcode:
Your contact phone number:		
Email address*:		
ABN:	<input type="text"/>	<input type="text"/>
Please tick appropriate: <input type="checkbox"/> DGR <input type="checkbox"/> TCC <input type="checkbox"/> Charity		

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

Regarding entity of
Client/Estate/Trust name:
State Trustees reference number:
Relationship to client (if applicable):

What type of payment will/do you receive?
Your type of organisation:
<input type="checkbox"/> Rent/Board/Lodging <input type="checkbox"/> Reimbursement <input type="checkbox"/> Payment of Account <input type="checkbox"/> Grant   Scholarship
<input type="checkbox"/> If other, please specify:

## 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**

Banking details	
Name of institution:	
Branch where your account is held:	
Account name:	
BSB: <input type="text"/>	Account number: <input type="text"/>

## 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/privacy](http://www.statetrustees.com.au/privacy) or call **03 9667 6200**.

Name:	Position held:
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Signature:  Date:

Please return by mail to: **State Trustees, GPO Box 1461, Melbourne Victoria 3001, Australia** or email to our representative:

<input data-bbox="122 766 888 822" type="text" value="@statetrustees.com.au"/>	Phone: (03) 9667	<input data-bbox="1134 766 1479 822" type="text"/>
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## Office use only

Details updated:

Signature:  Date: