# **Advising or changing** organisation bank details



#### About this form

This form ensures that your banking information if 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:  |  |  |
| Phone number:   |  |  |
| Email address*:   |  |  |
| ABN:  |  |  |
| Please tick appropriate: DGR TCC 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:  |  |  |
| Rent/Board/Lodging Reimbursement Payment of Account Grant/Scholarship   |  |  |
| If other, please specify:   |  |  |
|   |  |  |
| Banking Details   |  |  |
| <ul> <li>Payment will be made directly into the account detailed below.</li> <li>It is essential that the bank details below are complete and correct.</li> </ul> The bank building society or credit   |  |  |
| <ul> <li>It is essential that the bank details below are complete and correct.</li> <li>Any missing or incorrect information may result in a delay in your payments.</li> </ul> The bank, building society or credit union account must be in your name |  |  |
| Please check directly with your bank if you are unsure of any of these details.   |  |  |
| Banking details   |  |  |
| Name of institution:  |  |  |
| Branch where your account is held:  |  |  |
| Account name:   |  |  |
| BSB: Account number:  |  |  |

### 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 or call 03 9667 6200.

| Name:                            | Position held:  |
|----------------------------------|---|
| Signature:                       | SIGN HERE   |
| Please return by mail t          | State Trustees, GPO Box 1461, Melbourne Victoria 3001, Australia or email to our representative:  @statetrustees.com.au  Phone: (03) 9667 |
| Office use only                  |   |
| Office use only Details updated: |   |
| Signature:                       | SIGN HERE   |