

Advising or changing bank details form

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 or credit union details with us.

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

Personal details		
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other If Other, please specify:		
Surname:		
Given name(s):		
Street address:		
Suburb:	State:	Postcode:
Email address:		
Date of birth: dd / mm / yyyy	Your contact phone number:	

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

What type of payment will/do you receive?
<input type="checkbox"/> Rent/Board/Lodging <input type="checkbox"/> Reimbursement <input type="checkbox"/> Grant/Scholarship <input type="checkbox"/> Personal funds (e.g. living expenses)
<input type="checkbox"/> Other 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"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	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**.

Signature:

Date:

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

Phone: (03) 9667

Office use only

signature:

Date: