



Agent EFT Payment Request Form

Tenancies

Customer Service Centre
91 Grenfell Street
ADELAIDE SA 5000

GPO Box 965
ADELAIDE SA 5001

Tel: 131 882
www.sa.gov.au

Agent Name			
Address			
		Postcode	
Phone		Fax	

IMPORTANT

- Only one bank account can be registered with Consumer and Business Services at any given time. Any new number submitted to us will remove the old.
- The Principal/Manager or two property managers, who are listed as current signatories for your office, must sign this form to confirm the bank account details.

BSB NUMBER

□	□	□	-	□	□	□
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BANK ACCOUNT NO.

□	□	□	□	□	□	□	□	□	□
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ACCOUNT NAME _____

BANK NAME _____

BANK ADDRESS _____

POSTCODE _____

E-Notify - Statement for Bond Payments via EFT (includes bond number, tenant & property details)

Please select E-notify option: Email (preferred option) _____
 Fax

I/we hereby:

1. Authorise Consumer and Business Services to use the above listed number to transfer all bond refunds into our account.
2. Guarantee that the information provided above is correct, and agree to indemnify Consumer and Business Services against any loss or damage suffered if the details provided are incorrect.

Signed _____ Date: _____
(Principal/Manager)

OR

Signed _____ Date: _____

Signed _____ Date: _____

Office Use Only

Date entered:	Entered by:	Reference:
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