# Agent EFT Payment Request Form

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agent Name</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Postcode</td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td></td>
</tr>
<tr>
<td>Fax</td>
<td></td>
</tr>
</tbody>
</table>

**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**

- [ ]

**BANK ACCOUNT NO.**

- [ ]

**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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Consumer and Business Services  

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GPO Box 965  
ADELAIDE SA 5001  
Tel: 131 882  
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