

# Electronic Funds Transfer (EFT) form

The Department of Employment, Small Business and Training pays suppliers via EFT into their nominated financial institution. Each organisation is responsible for maintaining the currency of their bank details and sending an updated EFT form each time details are amended.

If changes to your bank details are not supplied to us, it will impact your payment/s.

To supply or change your bank details

Please copy and complete the table below on your business letterhead and return to [contractmanagement@desbt.qld.gov.au](mailto:contractmanagement@desbt.qld.gov.au).

The form must be signed by:

- the partners **(if the organisation is a partnership)**; or
- the person carrying on the business **(if the organisation is an individual)** ; or
- in accordance with Section 127 of the *Corporations Act 2001* **(if the organisation is a company)**; or
- persons in accordance with the relevant *Associations Incorporation Act* for the State or Territory where your organisation's legal entity has been established **(if the organisation is an incorporated entity or registered charity)**; or
- persons in accordance with the relevant Act for the State or Territory where your organisation's legal entity has been established **(if the organisation is a government organisation, university or TAFE institute)**.

	Required fields	
A	Full trading name	
B	Full legal name	
C	Australian Business Number (ABN)	
D	GST registration status	<input type="checkbox"/> Yes <input type="checkbox"/> No
E	Physical address	
F	Postal address	
G	Telephone number	
H	Facsimile number	
I	Name, title and email address of organisation's contact (this must be the person who you nominate to receive the remittance advice of payments)	
J	Financial Institution name and branch	



<b>K</b>	<b>Physical address of Financial Institution Branch</b>	
<b>L</b>	<b>Bank, State and Branch (BSB) number</b>	
<b>M</b>	<b>Bank Account name</b>	
<b>O</b>	<b>Bank Account number</b>	

**By: (Director/Sole Director/Partner/Individual)**

**I certify that all information provided on this form is complete true and correct:**

Name: .....

Position: .....

Signature: .....

Date: .....

**AND where relevant**

**By: (Director/Secretary/Partner )**

**I certify that all information provided on this form is complete true and correct:**

Name: .....

Position: .....

Signature: .....

Date: .....

**SUBMIT**

**To supply this information for the first time you can either email a scanned copy or post to:**

**Email:** [programdesign@desbt.qld.gov.au](mailto:programdesign@desbt.qld.gov.au)

**Postal address:** The Director  
Program Design, Investment Division  
Department of Employment, Small Business and Training  
PO BOX 15483  
CITY EAST QLD 4002

**To change your existing EFT details can either email a scanned copy or post to:**

**Email:** [contractmanagement@desbt.qld.gov.au](mailto:contractmanagement@desbt.qld.gov.au)

**Postal address:** The Director  
Contract Management, Investment Division  
Department of Employment, Small Business and Training  
PO BOX 15483  
CITY EAST QLD 4002

Disclaimer: Please note the Department of Employment, Small Business and Training will also contact organisations by telephone or email to confirm EFT details are current at time of processing.