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| 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.

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*](https://www.legislation.gov.au/Details/C2017C00328)**(if the organisation is a company);** or
* persons in accordance with the relevant *Associations Incorporation Act* for the State or Territorywhere 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).**

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|  | **Required fields** |  |
| **A** | **Full trading name** | Click or tap here to enter text. |
| **B** | **Full legal name** | Click or tap here to enter text. |
| **C** | **Australian Business Number (ABN)** | Click or tap here to enter text. |
| **D** | **GST registration status** | [ ]  Yes[ ]  No |
| **E** | **Physical address** | Click or tap here to enter text. |
| **F** | **Postal address** | Click or tap here to enter text. |
| **G** | **Telephone number** | Click or tap here to enter text. |
| **H** | **Facsimile number** | Click or tap here to enter text. |
| **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) | Click or tap here to enter text. |
| **J** | **Financial Institution name and branch** | Click or tap here to enter text. |
| **K** | **Physical address of Financial Institution Branch** | Click or tap here to enter text. |
| **L** | **Bank, State and Branch (BSB) number** | Click or tap here to enter text. |
| **M** | **Bank Account name** | Click or tap here to enter text. |
| **O** | **Bank Account number** | Click or tap here to enter text. |
| **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**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**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. |