

# New Creditor/Creditor Bank Account Details Amendment Form



Please return this form to Kempsey Shire Council's Customer Service Centre located at 22 Tozer Street, West Kempsey, post to PO Box 3078, West Kempsey 2440, email to [ksc@kempsey.nsw.gov.au](mailto:ksc@kempsey.nsw.gov.au) or fax to (02) 6566 3205.

## Creditor Contact Information (Please print clearly)

Business/Organisation/Individual: \_\_\_\_\_

Business Address: \_\_\_\_\_

Postal Address (if different to above): \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

ABN: \_\_\_\_\_ Website: \_\_\_\_\_

Purchase Order Email Address: \_\_\_\_\_

Remittance Email Address: \_\_\_\_\_

## Creditor Account Information (Please print clearly)

I authorise Kempsey Shire Council to make payments for supplies and services to the following bank account and contact details:

Account Name: \_\_\_\_\_

Account Number (9 digits max.): \_\_\_\_\_ BSB (6 digits): \_\_\_\_\_

Bank Name: \_\_\_\_\_ Bank Branch: \_\_\_\_\_

## Conditions (Please read carefully)

1. The supplier is responsible for the accuracy of the above details.
2. The supplier warrants that the bank account details provided are not false and comply with applicable laws.
3. The supplier is responsible for advising Kempsey Shire Council in writing of any changes to the above account prior to making those changes or closing the nominated account.
4. Kempsey Shire Council reserves the right to terminate or suspend the arrangement to pay suppliers by Electronic Funds Transfer (EFT) and to revert to payment made by cheque.
5. The supplier agrees to repay Kempsey Shire Council on demand any payments credited to the suppliers account in error and reserves the right to set off the amount of any overpayment made in error against any future liability owing by it to the supplier.
6. Payment will be deemed to have been made when Kempsey Shire Council has authorised its bank to credit your nominated account. Kempsey Shire Council will not be responsible for any delays in payment or errors due to factors outside Council's reasonable control, including but not limited to delays or errors with the banking system or errors in account details supplied.

## Authorisation (Please print clearly)

### Authorised Representative

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Witness

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**OFFICE USE ONLY**

New    Amendment   Creditor No.: \_\_\_\_\_

**Validation Checks (If new, must do 3 of the below)**

Check of contact details    ABN    BSB    Contact made via phone

Entered into system:    Yes   Date: \_\_\_\_\_ Signed: \_\_\_\_\_

**Secondary Check (if amendment)**

Check details entered within system:    Yes    Contact made via phone

Date: \_\_\_\_\_ Signed: \_\_\_\_\_