



Supplier EFT Payment Details Form

Please return completed form to:

Mail: City of Wodonga or *Fax:* 02 6022 9322
Att: Accounts Payable
PO Box 923
Wodonga, Vic, 3689

Business Details:

Name of Business _____

ABN _____

Postal Address _____

Telephone Number _____

Fax Number _____

E-mail Address _____

Account Contact _____

Bank Account Details:

Account Name _____

Bank _____

Branch _____

BSB Number _____

Account Number _____

"Personal and or Health Information collected by Council is used for municipal purposes as specified in the Local Government Act 1989. The Personal and or Health Information will be used solely by Council for these purposes and or directly related purposes. Council may disclose this information to other organisations if required by legislation. The applicant understands that the Personal and or Health Information provided is for the above purpose and that he or she may apply to Council for access to and/or amendment of the information. Requests for access and or correction should be made to Council's Privacy Officer".