

CITY OF WODONGA Supplier EFT payment details form**In person:** 104 Hovell St, Wodonga, VIC 3690**Phone:** (02) 6022 9300**Post:** PO Box 923, Wodonga, VIC 3689 **Fax:** (02) 6022 9322 **Email:** info@wodonga.vic.gov.au**Business details:**

Name of business:		
Postal address:		
		ABN:
Account contact:	Phone (work):	
Email:	Fax:	

Bank account details:

Account name:		
Bank:		
Branch:		
BSB number:		Account number:

I _____ authorise that this information is correct and give permission for Wodonga Council to deposit into the account stated above.

Signed: _____

Date: _____

Privacy disclaimer: Personal and or health information collected by the 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 the council for these purposes and or directly related purposes. Wodonga 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 the council for access to and/or amendment of the information Requests for access and or correction should be made to the council's privacy officer.

Please return completed form to:

Post: Accounts payable,
Wodonga Council,
PO Box 923,
Wodonga,
VIC 3689

Fax: (02) 6022 9322
Email: info@wodonga.vic.gov.au