



# Application for Direct Credit Remittances

BUSINESS DETAILS			
Name/Company:		ABN:	
Contact Name (if Company):		Business Phone:	
Trading Name:		New Supplier: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Business Address:		Fax:	
Town:	State:	Postcode	Mobile:
Postal Address:			Email:
Town:	State:	Postcode:	
<i>OFFICE USE ONLY</i>	Creditor Number:	NAR Number:	

BANK ACCOUNT DETAILS		
Account Name:		
Bank Name & Branch:	BSB:	Account Number:

## GOVERNING CONDITIONS

- 1 Council is under no obligation to verify correctness of the bank account details provided and any changes in any of the details provided must be notified to Council in writing.
- 2 Payment will be deemed to have been made when Council has instructed its bank to credit your nominated bank account. Council will not be responsible for any delays in payment or errors due to factors outside reasonable control of Council including but not limited to delays or errors in the banking system or errors in the account details supplied.
- 3 Council reserves the right at any time to terminate or suspend this direct credit payment system and to pay by cheque or in any other manner which Council may determine from time to time.
- 4 The customer agrees to repay to Council or demand any payments credited to the customer in error and Council reserves the right to set off the amount of an overpayment made in error against any future debt or liability owing by Council to the customer.

AUTHORISATION	
I/We apply to have payments due to us to be paid by way of Council direct credit to the account shown above for goods and services supplied to Council and accept the above governing conditions pertaining to this service.	
Signature:	Date:
Name/Title/Position:	Date:
Signature:	Date:
Name/Title/Position:	Date:

**HEAD OFFICE**                      **Cooma:**                      81 Commissioner Street COOMA NSW 2630                      1300 345 345

**BRANCH OFFICES**

**Berridale:**                      2 Myack Street BERRIDALE NSW 2628                      1300 345 345

**Bombala:**                      71 Caveat Street BOMBALA NSW 2632                      1300 345 345

**Jindabyne:**                      Shop 2 Razorback Office Gippsland Street JINDABYNE NSW 2627                      1300 345 345

**EMAIL**                              council@snowymonaro.nsw.gov.au

**MAILING ADDRESS**              PO Box 714, COOMA NSW 2630    www.snowymonaro.nsw.gov.au