

ENTITY MAINTENANCE

	Bank Details
The Director Gene	eral: Department of MILLITARY VETERANS
I/We hereby reques	st and authorise you to pay any amounts which any accrue to me/us to the credit of my/our entioned bank.
advice of payment	at the credit transfers hereby authorised will be processed by computer through a system ELECTRONIC FUND TRANSFER SERVICE", and I/We also understand that no additional will be provided by my/our bank, but details of each payment will be printed on my/our bank ecompanying voucher. (This does not apply where it is not customary for banks to furnish
maicate the date of	It a payment advice will be supplied by the Department in the normal way, and that it will which funds will be available in my/our account. This authority may be cancelled by me/us notice by prepaid registered post.
initials and Surna	me Authorised Signature Date dd/mm/yyy
Name of Bank	
Name of Branch	
Branch Code	
Account Number	
Type of Account	Current Account Other (please specify)
	Savings Account
	Transmission Account
ATE STAMP OF BANK ANK ACCOUNT PARTICUI	LARS
ERTIFIED AS CORRECT	ADDRESS TO SEND THE PAYMENT STUB

	EN	ITITY MAINTENANCE	
	1	Address Details Continued	
Postal Address			
Postal Code			
l Ostal Code			
Street Address			
Postal Code			
		Telephone Detail	
Business			
Home	Area Code	Telephone Number	
Fax	Area Code	Telephone Number	Extention
T GIA	Area Code		Extension
		Fax Number	
Contact Person:			
	Area Code		ITTT