## **Electronic Funds Transfer (EFT)**

Notification of bank details / Change of bank details



Part B—Financial institution account details Financial institution details (bank, building society or credit union)  Bank name  Branch  BSB number  Account number  Account holder  Part C—Payment authority	State Postcode  Mobile phone (Tick if required)
Client no.  Residential address  Suburb  Suburb  State  Postcode  Postal address  (if different to above)  Home phone  Email address  Please use this information to update my contact details.  (Tick if required)  Part B—Financial institution account details  Financial institution details (bank, building society or credit union)  Bank name  Branch  BSB number  Account number  Account holder  Part C—Payment authority  I/we verify that:	State Postcode  Mobile phone (Tick if required)
Residential address  Suburb  State  Postcode  Postal address  (if different to above)  Suburb  State  Postcode  Home phone  Email address  Please use this information to update my contact details. (Tick if required)  Part B—Financial institution account details  Financial institution details (bank, building society or credit union)  Bank name  Branch  BSB number  Account number  Account holder  Part C—Payment authority  I/we verify that:	State Postcode  Mobile phone (Tick if required)
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Account number Account holder  Part C—Payment authority  I/we verify that:	
Account number  Account holder  Part C—Payment authority  I/we verify that:	
Account holder  Part C—Payment authority  I/we verify that:	
Part C—Payment authority  I/we verify that:	
I/we verify that:	
I/we authorise the Commissioner of State Revenue to make an EFT into the account detailed above.	
	ike an EFI into the account detailed above.
I/we acknowledge these banking instructions will amend those that I/we may have previously prov Queensland Revenue Office for EFT.	I those that I/we may have previously provided to
I/we are authorised to act on behalf of the company/individual that is entitled to this refund.	ividual that is entitled to this refund.
I/we attach a scanned copy of the bank statement and confirm that the bank details above are corre	onfirm that the bank details above are correct.
Name	Name
Signature	Signature
Date / / Date / /	

Queensland Revenue Office GPO Box 139 Brisbane Qld 4001