CITY OF PROSPECT

# ELECTRONIC FUNDS TRANSFER AUTHORISATION

| | |
|---|---|
| OFFICE USE ONLY<br>Creditor Number: | ..... |
| Name: | ..... |
| Address: | ..... |
| ABN: | ..... |
| Phone Number: | ..... |
| Fax Number: | ..... |
| Contact Name: | ..... |
| E-Mail Address: | ..... |
| Bank Name: | ..... |
| Branch Name: | ..... |
| BSB: | \|___\|___\|___\| — \|___\|___\|___\| |
| Account Number: | ..... |
| Account Name: | ..... |
| Signature: | ..... |
| Date: | ..... |

**Payinthi**
128 Prospect Road
PROSPECT SA 5082

**Contact**
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Email: admin@prospect.sa.gov.au

**Office Hours**
Monday–Friday
9:00am to 5:00pm

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