



**BAS ENTITY MAINTENANCE
BANK DETAILS**

DEPARTMENT

OFFICE

System User Only

BAS Ref No. _____
 Captured By: _____
 Date Captured: _____
 Authorised By: _____
 Date Authorised: _____

Bank Details

DETAILS OF FIRM / INSTITUTION:

Name _____
 Address _____
 E-mail address _____
 Contact Person _____ Tel. No. _____

I/We hereby request and authorise you to pay any amounts which any accrue to me/us to the credit of my/our account with the mentioned bank.

I/We understand that the credit transfers hereby authorised will be processed by computer through a system know as the "ACB ELECTRONIC BANK TRANSFER SERVICE", and I/We also understand that no additional advice of payment will be provided by my/our bank, but details of each payment will be printed on my/our bank statement or any accompanying voucher.(This does not apply where it is not customary for banks to furnish bank statements).

I/we understand that a payment advice will be supplied by the Department in the normal way, and that it will indicate the date on which funds will be available in my/our account.This authority may be cancelled by me/us by giving thirty days notice by prepaid registered post.

Initials and Surname

Authorised Signature

Date dd/mm/ccyy											

Name of Bank _____

Name of Branch _____

Branch Code _____

Account Number _____

Type of Account Current Account Other (specify)
 Savings Account
 Transmission Account

**DATE STAMP OF BANK
BANK ACCOUNT PARTICULARS
CERTIFIED AS CORRECT**

FOR OFFICE USE ONLY
APPROVED BY HEAD OF OFFICE
Print Name: _____
Signature: _____
Date: _____