**ELECTRONIC FUNDS TRANSFER**

**AUTHORISATION FORM**

**ORGANISATION**

**Legal name**

**Trading name**

**Postal address**

**Suburb**       **State**        **Postcode**     

**ABN**

**GST registered**  Yes  No   
  
**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONTACT PERSON**

**Name**

**Position**

**Phone number**       **Fax number**

**Email**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BANK DETAILS**

**Account name**

**BSB**        **Bank**

**Account number**

NB: We will forward your remittance advice by email following your transfer.

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**AUTHORISATION**

I certify that the bank account information provided above is correct and authorise the CBF to use the account for electronic payment of approved CBF grants and other payments.  Any changes to the above details will be advised in writing to the CBF.

**Signed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Name**      

**Date**       **Position**

The Community Broadcasting Foundation (CBF) respects your right to privacy. For more information,   
please review our Privacy Policy at cbf.org.au.

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