

Details of changes must be in writing & forwarded to:

C _____

Accounts Department

Greater Taree City Council

PO Box 482
TAREE NSW 2430
Fax: 02 6595 2311
Email: accounts@gtcc.nsw.gov.au

At least five (5) working days prior to the change taking effect

I/We (Contractor/Supplier) _____

BUSINESS ADDRESS _____

POSTAL ADDRESS _____

CONTACT NAME _____ TELEPHONE _____

EMAIL ADDRESS _____

Authorise DIRECT CREDIT to the Bank Account detailed below, by Greater Taree City Council and agree to abide by the following conditions:

"Greater Taree City Council shall not be liable to the supplier for any loss or damage, consequential or otherwise, suffered or incurred by the supplier arising out of non payment, delay in payment, payment of an incorrect amount, provided the Council has observed its trading terms".

Details of the account into which I/We require credit to be made are:

1. **NAME OF BANK** _____
3. **BRANCH NUMBER (BSB)** _____
4. **BANK ACCOUNT NAME** _____
5. **ACCOUNT NUMBER** _____
6. **REMITTANCE ADVICE** Please circle preference of receiving the remittance advice
EMAIL **or** **MAIL**

SIGNED _____ DATED _____

The personal information that Council is collecting from you is personal information for the purposes of the Privacy and Personal Information Protection Act 1998 ("the Act").

The intended recipients of the personal information are officers of the Council and the holder of the information is the Council.

The supply of the information by you is voluntary. If you cannot provide or do not wish to provide the information sought, Council will be unable to process your application.

The Council is collecting this personal information from you for the purposes of the processing an application in respect of EFT payments to Creditors. Subject to the Council's Privacy Management Plan, you may make application for access to, and amendment of, the information held by the Council.
