

ELECTRONIC FUNDS TRANSFER FORM

APPLICATION FOR DIRECT DEPOSIT OF PASSPORT REFUNDS

I/We hereby authorise for any approved passport fee refund to be made via Electronic Funds Transfer to the following bank account:

following bank account:	
APPLICANT DETAILS	
Name	Passport No
Address	
Phone No	Mobile No
Email Address	Fax No
NOTIFICATION OF TRANSFER OF FUNDS Official notification of transfer of funds will be made via your email or fax. If you do not have either an email or fax, then this notification will be posted to you.	
BANK DETAILS	
BSB Number	
Bank Name	
Bank Account Number	
Name of Bank Account	
Office Use Only	SAP Entry
 Conditions of this agreement: I/We warrant that the bank account details so provided are not false and comply with all applicable laws. The Department of Foreign Affairs and Trade (DFAT) has the right to accept the authority of the undersigned as conclusive evidence of that person's authority to execute this agreement on behalf of the supplier. DFAT is under no obligation to verify the authority of the undersigned on the Bank Account details. I/We acknowledge that it is not practicable for DFAT to keep banking details confidential, to the extent that these will be available to DFAT staff in carrying out their normal duties in paying creditor accounts. DFAT will not be responsible for any delays in the payment or errors due to factors outside the reasonable control of DFAT (including but not limited to delays and errors in the banking system). 	
Personal Information Protection Statement Personal information we collect from you on this Electronic Funds Transfer Form will be used by DFAT staff for the purpose of making payments to you for passport refunds or other payments as may be necessary from time to time. Your personal information will be used for the primary purpose for which it is collected, and may be disclosed to contractors and agents of DFAT. Personal information will be managed in accordance with the Personal Information Protection Act 2004 and may be accessed by the individual to whom it relates on request to DFAT.	
SIGNATURE: DATE:	