

**INNISFAIL STATE COLLEGE
ELECTRONICS FUNDS TRANSFER (EFT) DETAILS FORM**

NAME	
RESIDENTIAL ADDRESS	
POSTAL ADDRESS	
CONTACT NUMBERS	Home: Work: Mobile:
EMAIL ADDRESS	

ACCOUNT NAME	
BSB	_____ - _____
ACCOUNT NUMBER (Maximum 9 char)	_____
BANK NAME	
EFT Remittance Advice (Please select whether you would like an EFT Remittance Advice for all payments – NB Notification of all payments will appear on Bank Statements)	<input type="checkbox"/> I do not require any remittance advice <input type="checkbox"/> Please email remittance advice/s <input type="checkbox"/> Please post remittance advice/s

SIGNATURE <i>(Payment will not be processed without signature)</i>			
NAME <i>(Please print)</i>		DATE	