

ELECTRONIC FUNDS TRANSFER (EFT) REQUEST FORM

Please complete this form and return it to:

State Penalties Enforcement Registry
Customer Response
GPO Box 1387
Brisbane QLD 4001

Fax: 07 3006 9090

Phone: 07 3006 5903

Email: sper@justice.qld.gov.au

THIRD PARTY CREDITOR DETAILS

Party ID

Name

Address

Suburb	State	Postcode

Phone

FINANCIAL INSTITUTION ACCOUNT DETAILS

Name and address of bank, building society or credit union

BSB - **Account Number**
(can only be a maximum of 9 digits)

Account held in the name(s) of

Nominate how you would like to receive your remittance advice (please tick)

Email **Post**

I declare that:

- I hereby request for payments from SPER to be deposited into my nominated bank account as listed above
- The details on this form are correct
- I agree to inform SPER without delay, of changes to my financial institution details

Signature

Date

OFFICE USE ONLY

Vendor No.

Entered by:

Checked by:

Date:

Date: