Nominated account for direct electronic funds transfer

The purpose of this Electronic Funds Transfer (EFT) form is to register or update your banking information in the NSW Department of Education (the department) systems for funding administered by Early Childhood Outcomes. Please read carefully and complete all required sections. Return your completed form to ecec.funding@det.nsw.edu.au

Are you updating your existing details or are you registering a new Provider?

○ Update ○ New Provider

Details provided in this section must match the Australian Business Register (ABR) and, if applicable, the National Quality Agenda IT System (NQA ITS). NQA ITS is the online administrative system for Approved Providers of early childhood education and care services. Failure to provide correct details may result in the department being unable to pay you.

Legal name of Provider

ABN of Provider (*Use numbers only*)

GST registered ○ Yes ○ No

Email address of Provider

Street address of Provider

Suburb/Town State Post Code

Telephone of Provider

Details provided in this section must be the details of an Australian branch of an established bank, building society or credit union, and must be solely controlled by the Provider listed above.

I/We hereby agree for all payments made by the department to be made by way of Electronic Funds Transfer to the following account:

Name on bank account

BSB (Bank/State/Branch) Bank account number

Payment Advice will be automatically sent to the email address nominated above when payments are processed. If the Provider is registered for GST, a Recipient Created Tax Invoice (RCTI) will also be automatically sent to the email address nominated above.

The department is under no obligation to verify the bank account details nominated above, however, the department may contact the Provider to confirm information. Should the Provider's nominated EFT details change, the Provider must complete a new 'Nominated Account for Direct Electronic Funds Transfer' form and return the completed form to ecec.funding@det.nsw.edu.au

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I am authorised to provide the information in this form on behalf of the Provider listed above and confirm that the information I have provided is true and correct.

Signature of authorised person

Name of authorised person

Title/Position of authorised person

Date (*dd/mm/yyyy*)

The department has the right to accept the authority of the authorised person above as conclusive evidence of that person's authority to execute this 'Nominated Account for Direct Electronic Funds Transfer' on behalf of the Provider. A payment made by the department on the basis of information supplied in this document does not, if the payment was made in good faith for the purpose of satisfying a claim on the department, subject the department or any personnel of the department to any action, liability, further claim or demand in relation to that payment.

NSW GOVERNMENT