

Project/File Number



ABN: _____
GST Register: Y / N

Incorrect or incomplete information on these forms will delay processing of your payment

BANK ACCOUNT DETAILS CONFIRMATION – Over \$5,000 Sponsorship

Please complete **Section 1** then have your **Bank complete Section 2** to confirm your account information. Once both sections have been completed in full please mail to: Healthway, PO Box 1284, West Perth WA 6872 for prompt payment of your sponsorship.

This document can not be accepted with white ink or amendments

SECTION 1 ORGANISATION CONFIRMATION

ORGANISATION NAME:
Name of Incorporated Organisation Funding was approved to: _____

NAME OF BANK & SUBURB _____

BRANCH CODE/BSB (6 digits) -

BANK ACCOUNT NAME IS HELD IN (MUST BE SAME as organisation receiving funding). _____

ACCOUNT NUMBER
(up to 9 digits (DO NOT include the BSB Code))

I confirm that the above bank account details are true and correct and that the account is a bone fide account of _____ and complies with all applicable laws. (Account Holder Name i.e. The name account is registered in, Not the bank name).

Authorised Signature Name (Block Letters) Date Day Phone Number

SECTION 2 BANK CONFIRMATION

I confirm that the above account details relate to an official account of

(Name of the Account Holder i.e. Organisation – Account the name is in (not the Banks name))

Authorised Signature Name(Block Letters) Date Phone Number

Bank Stamp

Please include official stamp of bank branch which confirms these details. (Any Branch of your bank can confirm your account details).