

SERVICE AGREEMENT - Funding and Service Details

Health and Wellbeing Queensland

SCHEDULE 4 – BANK DETAIL CONFIRMATION FORM

SECTION A – YOUR FINANCIAL INSTITUTION ACCOUNT DETAILS

I/We hereby agree that the/all payment/s is/are to be made Us by way of direct deposit to the following account:

Name of Approved Financial Institution:		
Institution/State/Branch Number:		
Account name:		
Account number:		
Signature:		
Name (please print):		
Position:		
Contact phone number:		

SECTION B – CERTIFICATION BY YOUR FINANCIAL INSTITUTION

(You must ensure Section B is completed by their relevant Financial Institution)

Name of Institution:	
Signature	
Name (please print):	
Position:	
Date:	