NORTHERN TERRITORY OF AUSTRALIA

NTG GAS PAYMENT DETAILS - INDIVIDUAL/NON BUSINESS

Please return this form to the Agency Authorising Payment:

AGENCY AUTHORISING PAYMENT - CONTACT DETAILS:

Department/Unit _____

Name: _____

Phone: _____ Fax: _____

INDIVIDUALS TO COMPLETE:

Please Print Clearly

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ DR **NTG Employee** ☐ AGS _____

(for NTG employees only)

Last Name: _____

Given Names: _____

Postal Address: _____
(Home/Residential)

Suburb/City: _____ State: _____ Postcode: _____

Telephone No: ( ) _____ Fax No: ( ) _____ Mobile: _____
(Private Numbers)

Email Address: _____

ELECTRONIC FUND TRANSFERS

The Northern Territory Government's preferred method of payment is Electronic Funds Transfer. This results in a more efficient and timely payment to suppliers. To enable payments to be effected in this manner please complete the following. Confirmation that the payment has occurred is faxed to the facsimile number detailed

I authorise use of my PIPS Bank Details for GAS Payments (NTG Employees Only) ☐

Use Bank/Credit Society Details

Name of Financial Institution: _____

Bank account in the name/s of: _____

BSB number *(branch number)*: _____ Account number: _____

INDIVIDUALS AUTHORISATION

Privacy

The Department of Corporate and Information Services (DCIS) assists Northern Territory Government (NTG) Agencies in managing their tax and accounting needs. Information on this form is collected on behalf of NTG Agencies and maintained by DCIS who use the information to create a Payment Record. A Payment Record is required before payment can be made on the Government Accounting System. NTG staff working in the accounting and purchasing areas of Government, the Australian Taxation Office, and the NTG's auditors have access to Payment Records. You may request access to your Payment Record by contacting DCIS Accounting Services on (08) 8999 1501 or (08) 8999 1693.

To be signed by Individual, NOT authorising Agency.

I am authorised to complete this form and the details specified in this document apply to any supply provided to the Northern Territory Government.

Signature: _____ Date: ___ / ___ / _____

Name: _____ Position: _____

NT GOVERNMENT USE ONLY

Authorising Agency Checklist

Please ensure the following items are attached to this form:

☐ Vendor Maintenance Request Form
☐ Additional Supporting Documentation

With the above paperwork, forward to:

Vendor and Compliancy Group - Accounting Services
Department of Corporate and Information Services
PO Box 1900, Palmerston NT 0831

Fax: 08 8999 3488
Phone: 08 8999 3438 or 08 8999 4559