

FAX BACK TO: (Accountant) on (03) 5898 3325

EFT AUTHORISATION

Creditor Name.....

DIRECT PAYMENTS TO BANK

BANK

BRANCH.....

ACCOUNT NAME.....

(As per Bank Statement)

BSB - **ACCOUNT NUMBER**
- - - - - - - - - - -

I / We agree to have payment for our future goods and / or service supplied to Murray Irrigation Limited credited to my / our above account in accordance with MIL payment terms.

.....
Signature

.....
Name (please print)

.....
Position

.....
Date

.....
Contact Name (if different to above)

.....
Contact Telephone Number

.....
Fax Number

Creditor Code...52.....

MURRAY IRRIGATION LIMITED USE ONLY

Entered By: Checked By:

Date...../...../.....

Date...../...../.....