

VENDOR MAINTENANCE FORM PLAS TRADING ENTITY ACCPAC

					LOU	-
Head Office only						
Vendor Code:						
Vendor captured by:						
Date:						
Vendor approved by	' :					
Date:						
Head Office only						
Captured by:						
1st Authorizer:						
2nd Authorizer:						

OFFICE:	•••••	 	
CONTACT:		 	

The Director-General:/Department of Rural Development and Land Reform

I/We hereby request and authorise you to pay any amounts, which may accrue to me/us to the credit of my/our account with the mentioned bank.

I/We understand that the credit transfers hereby authorised will be processed by computer through a system known as "ACB - Electronic Fund Transfer Service", and I/We understand that no additional advice of payment will be provided by my/our bank, but that the details of each payment will be printed on my/our bank statement or any accompanying voucher. (This does not apply where it is not customary for banks to furnish bank statements).

I/We understand that the Department will supply a payment advice in the normal way, and that it will indicate the date on which the funds will be made available on my/our account.

This authority may be cancelled by me/us by giving thirty days notice by prepaid registered post. Please ensure information is valid as per required bank screens.

I/We understand that bank details provided should be exactly as per the records held by the bank.

I/We understand that the Department will not assume responsibility for any delayed payments, as a result of incorrect information supplied.

	Company/Personal Details
Registered Name	
Trading Name	
Tax Number	
VAT Number	
Title:	
Initials:	
First Name:	
Surname:	
	Address Detail
Payment Address	
Street Address	
Postal Code	
	New Detail
New	Vendor information Update Vendor information
Vendor Type:	Individual Partnership
	Company Trust
	CC Other (Specify)