Individual Creditor Form

Shire of West Arthur
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Darkan WA 6392
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Use this form to create or advise changes to Creditor details. If change to details is requested, complete the below checklist.

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CREDITOR DETAILS	NEW □	CHANGE OF D	ETAILS 🗆	
Name				_
Street Address				
Postal Address (if different)				
Telephone No			Mobile Number	
Email Address				
Contact Person - Surname			First Name	
Signature			Date	
	_		_	
BANK DETAILS	NEW 🗆	CHANGE OF D	ETAILS 🗆	
Name of Account				
Name of Bank				
Branch Name				
BSB			Account Number	
CHECKLIST				
1 New Creditor – Shire Of	ficer initiated con	tact (skip remainde	er of checklist)	
2 Change of details received via: □ Email □ Invoice □ Letter □ Hand Delivered				
3 Contacted supplier using existing details to verify change of details □				
4 Contact made with: (Full name)				
,	- ,			
OFFICE USE ONLY				
Phone number obtained from	n			
Account details verified				
Officer's Name			Date	
Officer's Signature				
MCS Authorisation				