Life Saving Victoria

Print Form

CLUB BANK ACCOUNT DETAILS

CLUB NAME:

BANK NAME:

BRANCH ADDRESS:

SUBURB: POST CODE:

BSB NUMBER: ACCOUNT NUMBER:

ACCOUNT NAME:

email ADDRESS FOR REMITTANCE ADVICE

Details of Person Completing this Form:

NAME:

POSITION HELD:

Signature: Date:

PLEASE FORWARD THE COMPLETED FORM TO:

PAUL KILDEA
LSV
Email: paul.kildea@lifesavingvictoria.com.au
PO Box 353
SOUTH MELBOURNE DC 3205
Fax: (03) 9681 8211