



Your logo/
company
details

NAME

Company name

ABN/ACN (if required)

Address

Phone

PAYMENT ADVICE

WITHDRAWAL FROM PROJECT TRUST ACCOUNT

This is to advise that funds will be electronically transferred to your account for payments as detailed below.

This notice is to be given to beneficiaries within 5 business days of a withdrawal from a project trust account.

NAME

Company name

ABN/ACN (if required)

Address

Phone

Details of the
beneficiary

Payment date:

EFT reference number

Bank account name:

BSB number:

Account number:

Details of the
deposit into
the beneficiary
account

Total amount paid:

Only to be
included if cash
retentions are
withheld

Payment claim date	Reference number	Amount paid	Cash retentions withheld
DD/MM/YYYY	XXXXX	\$XX,XXX.XX	\$XX,XXX.XX
DD/MM/YYYY	XXXXX	\$XX,XXX.XX	\$XX,XXX.XX
Total amount:		\$XX,XXX.XX	\$XX,XXX.XX

Payment date:

EFT reference number

Financial institution:

Bank account name:

BSB number:

Account number:

Details of the
deposit into the
retention trust
account

Total retentions deposited:

**Total retentions withheld
for the beneficiary for the
contract after the deposit:**