



Your logo/
company
details

NAME
Company name
ABN/ACN (if required)
Address
Phone

PAYMENT ADVICE

PAYMENT TO BENEFICIARY FROM RETENTION 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 retention trust account.

NAME
Company name

ABN/ACN (if required)
Address
Phone

Details of the
beneficiary

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 released:

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

Payment claim date	Reference number	Cash retentions released
DD/MM/YYYY	XXXXXX	\$XX,XXX.XX
DD/MM/YYYY	XXXXXX	\$XX,XXX.XX
Total amount:		\$XX,XXX.XX

