



Your logo/
company
details

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

PAYMENT ADVICE

DEPOSIT INTO RETENTION TRUST ACCOUNT

This is to advise that funds will be electronically transferred into the retention trust account for payments as detailed below.
This notice is to be given to beneficiaries within 5 business days of a deposit into a retention trust account.

NOTE: An additional notice does not need to be sent if the trustee has already sent a notice of withdrawal from the project trust account depositing retentions into the retention trust account.

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

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