

Your logo/
company
details



NAME
Company name

ABN/ACN (if required)
Address
Phone

PAYMENT ADVICE

PAYMENT TO ANOTHER PARTY FROM RETENTION TRUST ACCOUNT

This is to advise that another party has been paid retention amounts withheld.

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

Details of the
deposit into the
retention trust
account

Total amount paid:

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

Description of amounts	
Total retentions withheld for the beneficiary before the withdrawal:	\$XX,XXX.XX
Amount paid to another party:	\$XX,XXX.XX
Reason for payment to another party:	
Total retentions withheld for the beneficiary for the contract after the withdrawal:	\$XX,XXX.XX