

Bank Details Form

Account name:	
BSB	
Account number:	
I acknowledge that th Australian Alpaca Ass	nese details will be used for any reimbursement claim that I make from the sociation.
Name:	
Signature	
Date	

Please note this form only needs to be completed once. Until notified otherwise this is the account that any reimbursement will go too. Should you wish to change the bank details for your reimbursement complete a new form.

Once you have completed the form, please return it to paul@alpaca.asn.au or tanya@alpaca.asn.au.