



Australian Government
Australian Customs Service

ICS EFT client authorisation

Refer to the *Preparing for CMR imports* booklet for assistance with completing this form.
This form gives authorisation to the selected brokerage to quote their clients nominated bank account details.



If this form was completed by a business with fewer than 20 employees, please provide an estimate of the time taken to complete this form.

<input type="text"/>	Hours	<input type="text"/>	Minutes
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Official use only (Branch ID)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Importer / owner

Given name and surname or company name:	ABN or Customs client ID (CCID):
<input type="text"/>	<input type="text"/>

Details of the account to be debited (all account details must be supplied)

BSB:	Bank account number:
<input type="text"/>	<input type="text"/>
Bank account name:	
<input type="text"/>	

Daily account limit (this field will be treated as 'unlimited' if no limit is provided)

Daily account limit:	Usage period start date:	Usage period end date:
\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
To restrict the authorised daily account limit to a branch within the brokerage please provide the unique branch name below. If a branch is not included the daily account limit will be set at the ABN or CCID level of the brokerage.		
Unique branch name (from Establishment of branches form)		
<input type="text"/>		

Licensed brokerage details

Given name and surname or company name:	Brokerage's Customs client ID (CCID) or ABN:	
<input type="text"/>	<input type="text"/>	
Licensed brokerage contact name:	Contact phone (business):	Email:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Client authorisation

I provide the above with authorisation to quote these bank account details on import documentation for payment of charges to Customs.		
Client given name:	Surname:	Phone number:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Client signature(s) (all signatories may be required to sign on joint accounts):		Date:
<input type="text"/>		<input type="text"/>

Note:

- Where a client has more than one bank account a separate *ICS EFT client authorisation* form must be completed.
- It is mandatory that clients have only one default bank account. If this is your default account tick this box:

Note: Only original *ICS EFT client authorisation* forms will be accepted (no photocopies).

Please send completed form to:

Attention: User Support, Cargo Systems
Australian Customs Service
Customs House
5 Constitution Avenue
Canberra City ACT 2601