



# Electronic Funds Transfer (EFT) Application for Service Providers

<b>OFFICE USE ONLY</b>
<b>Claim Number:</b>
<b>Name Number:</b>

If you are a sole trader, the Insurance Commission of Western Australia collects your personal information through this form to process electronic funds transfers to your nominated bank account. Your information may be shared with authorised parties, such as financial institutions, where necessary and authorised by law. By completing and submitting this form, you acknowledge the collection, use, and disclosure of your personal information for these purposes. For further information on how we handle your personal information, please read our Privacy Policy at [www.icwa.wa.gov.au/privacy](http://www.icwa.wa.gov.au/privacy).

I/we agree for all payments by the Insurance Commission for goods and/or services provided to the Insurance Commission to be made by EFT to the account detailed below.

Trading name:
Address:
ABN:
Phone:
Email for remittance advices:

### Banking details

BSB:	Account number:
Bank name and branch:	
Account name:	
<b>For multiple service locations only:</b>	
Do you wish these bank details to be <b><u>linked to all of your service locations?</u></b>	Yes    No
If no, provide single service location:	

It is the responsibility of payees to ensure their bank details are correct. Please notify us of any changes in bank details in writing to [icwaprovider@icwa.wa.gov.au](mailto:icwaprovider@icwa.wa.gov.au) or the above address.

The Insurance Commission has the right to accept the authority of the undersigned person as conclusive evidence of that person's authority to execute this EFT application.

Authorised signature:	Date
Name:	
Job title:	

Please return the completed form to [icwaprovider@icwa.wa.gov.au](mailto:icwaprovider@icwa.wa.gov.au) or the above address.