



Electronic Funds Transfer (EFT) Application for Service Providers

OFFICE USE ONLY
Name number:

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:	
For multiple service locations only:	
Do you wish these bank details to be linked to all of your service locations?	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 or the above address.

The Insurance Commission has the right to accept the authority of the undersigned claimant 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 or the above address.