Insurance Commission of Western Australia

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Perth WA 6000
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Perth WA 6842
Tel: (08) 9264 3333
icwa.wa.gov.au

Electronic Funds Transfer (EFT) Application for Claimants

OFFICE USE ONLY
Name number:
Claim number:

The Insurance Commission of Western Australia collects your personal information through this form to process electronic funds transfers related to your claim. 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 icwa.wa.gov.au/privacy.

I agree for all payments by the Insurance Commission to me, with respect to reimbursement of receipts and ongoing claim payments, be made by EFT to the account detailed below.

Claimant details

Last name:
First name:
Phone:
Email:

Banking details

BSB:	Account number:
Bank name and branch:	
Account name:	

The Insurance Commission will not verify the above bank account details; it is the responsibility of payees to ensure their details are correct. Please notify changes in bank account details to the Transaction & Banking Officer, Insurance Commission at 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.

Claimant's signature: IF YOU ARE UNABLE TO INSERT A DIGITAL SIGNATURE TYPE NAME HERE
Date:

Download the form on your computer, and once complete, send to suppliermaintenance@icwa.wa.gov.au

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