



Electronic Funds Transfer (EFT) Application for Claimants

OFFICE USE ONLY

Name number:

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

Claim number:
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 Cash Management Accountant, 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:	