

Electronic funds transfer**1. Payee details**

First name

Last name

Telephone

Email

Address (street and number)

Suburb/Town

State

Postcode

Claim number

Worker

Claim number

Dependant

Provider number

ABN

Provider

2. Bank account details

Name of bank

Account name

BSB

Account number

Account holder's signature

Date (DD/MM/YYYY)

3. Remittance advice

Preferred method of notification

Post

Email

4. Authority

I authorise payments to be deposited by electronic funds transfer to the bank account nominated in this form.

Applicant's signature

Name of applicant

Date (DD/MM/YYYY)