



Electronic Funds Transfer Form

Details of the person requesting payment via Electronic Funds Transfer

Surname:	
Given Name(s)	
Address:	
Date of Birth:	
Claim Number(s):	
Employer	

Details of the account to be credited (all account details must be supplied)

Name of Financial Institution:	
Branch:	
BSB:	
Account name:	
Account number:	

Notification of payment via Electronic Funds Transfer

Preferred method of notification:	<input type="checkbox"/> Post <input type="checkbox"/> Email Please provide address: _____
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Privacy

Protecting your privacy and personal information is an important aspect of the way we manage our services. To read more about our privacy statement, visit the EML Group (EML) website.

Authorisation

I authorise Employers Mutual Ltd to make payments to the above-mentioned person through Electronic Funds Transfer to the Account detailed above.

Signature:	
Date:	

For use by EML only

Check 1	Name:		Sign Off:		Date:	
Check 2	Name:		Sign Off:		Date:	