

### 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: _____

### 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 website.

### Authorisation

I authorise EML Limited 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:	