

Electronic funds transfer

Use this form to provide bank account details for your workers compensation claim reimbursements and payments.

1. Payee details

First name Last name

Telephone Email *(please note that payment will only be made by EFT and remittance advice sent to the nominated email address.)*

Address *(street and number)*

Suburb/Town State Postcode

Worker Claim Number

Employer Policy Number ABN

Dependant Claim Number

Provider Provider Number ABN

2. Bank account details

Name of bank Account name

BSB Account number

Account holder's signature Date

3. Authority

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

Applicant's signature Applicant's name Date

4. Return to

Once completed, please send your forms to your claims service provider:

EML: emlclaims@workerscomp.nsw.gov.au **Allianz:** alzclaims@workerscomp.nsw.gov.au
QBE: qbeclaims@workerscomp.nsw.gov.au **GIO:** gioclaims@workerscomp.nsw.gov.au
DXC: dxccclaims@workerscomp.nsw.gov.au **GB:** gbsclaims@workerscomp.nsw.gov.au