



Office Use Only

Workers' Compensation Payments Electronic Funds Transfer Form

Application for direct credit remittances

In accordance with the attached conditions of this Agreement, I/We hereby authorise Catholic Church Insurance Limited (CCI) to make future workers' compensation payments via Electronic Funds Transfer to the following bank account.

Applicant Details

Surname (Fr/Sr/Mr/Mrs/Ms/Miss)

Given names

Claim number (if applicable)

ABN number (if applicable)

Address and Contact Details

Postal address

Postcode

Phone - Work

Home

Mobile

Fax

Email address (An email address or fax number is required for remittance advice to be sent)

Bank/Financial Institution Details

Bank/Financial Institution name

Bank/Financial Institution address

Postcode

BSB number

Account number

Account name

Personal Information Protection Statement

The personal information we collect from you on this Electronic Funds Transfer Form will be used by us for the purpose of making payments to you. The personal information will be used for the primary purpose for which it is collected, and may be disclosed to contractors and agents of CCI. Personal information will be managed in accordance with CCI's Privacy Statement which may be accessed on our website or by writing to us or calling us.

Conditions of this Agreement

- ◆ I/We will be responsible for notifying CCI in writing of any changes to the above particulars. Until receipt of any such notification, CCI is authorised to process all payments in accordance with the above particulars.
- ◆ I/We warrant that the financial institution account details provided are true and comply with all applicable laws.
- ◆ I/We acknowledge that CCI staff will have access to my/our banking details in carrying out their normal duties of processing, paying and recording transactions pursuant to this authority. CCI will use all reasonable measures to maintain the confidentiality of this information.
- ◆ CCI will not be responsible for any delays in the payment or other errors due to factors outside its reasonable control (including, but not limited to, delays and errors in the banking system).
- ◆ CCI reserves the right to terminate or suspend this direct credit payment method at any time and to pay by cheque or any other manner if circumstances require.
- ◆ I/We confirm our acceptance of the conditions of this Agreement and consent to the use and disclosure of the information provided in accordance with the above Personal Information Protection Statement.

Signature

Date: (dd/mm/yyyy)

Print name

Other Relevant Information if Required

How to Contact Us

Mail Catholic Church Insurance Limited
Workers' Compensation
GPO Box 180, Melbourne 3001

Website www.ccinsurance.org.au

Telephone 1300 655 001

Facsimile 03 9934 3468

Catholic Church Insurance Limited ABN 76 000 005 210, AFSL no. 235415

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