

Requests for payment by Electronic Funds Transfer will be processed only following receipt of an original copy of this fully completed form.

**Details of the person or company requesting payment via Electronic Funds Transfer**

Name (person or company):	[     ]		
Address:	Street no and name Suburb State      Postcode		
Relationship with Club Employers Mutual: (tick one of the following)	<input type="checkbox"/> Club Employers Mutual policy holder <input type="checkbox"/> Third party service provider <input type="checkbox"/> Injured worker		
Reference: (provide one of the following references)	<input type="checkbox"/> Policy number <input type="checkbox"/> ABN <input type="checkbox"/> Claim number	Reference Number:	

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

Name of bank:										
Branch:										
BSB:										
Account name:										
Account number:										

**Notification of payment via Electronic Funds Transfer**

Preferred method of notification: (provide details for the selected method)	<input type="checkbox"/> Post <input type="checkbox"/> Email <input type="checkbox"/> Fax
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**Authorisation**

I authorise Club Employers Mutual Limited to make payments to the above person or company through Electronic Funds Transfer to the account detailed above.

Name:	First name	Last name
Address:		
Position:		
Phone number:		Fax number:
Signature:		Date of authorisation:



**ELECTRONIC FUNDS TRANSFER FORM  
CLAIM PAYMENT**

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**For use by Club Employers Mutual only**

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