

ELECTRONIC FUNDS TRANSFER APPLICATION FORM - WORKER

CONTACT DETAILS

Surname

Given Name/s

Postal Address

P/Code

Phone Number

Fax Number

Email Address

COLLECTION OF PERSONAL INFORMATION

Personal information collected in this form by WorkSafe Victoria (WorkSafe) is used for the purposes of processing claim payments and related purposes. WorkSafe may disclose this information to other organisations if required, authorised or permitted by law or with your consent. Individuals have the right to access their personal information held by WorkSafe. You should contact WorkSafe's Freedom of Information Unit to do this. You can access the WorkSafe Privacy Policy at **worksafe.vic.gov.au**.

Signature of Applicant

Name of Applicant

Date of Application

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Notes

- If you require payment at the workplace level it will be necessary to complete a separate Electronic Funds Transfer Application form for each workplace.

BANK ACCOUNT DETAILS

Name of Bank or Financial Institution

Address of Bank or Financial Institution

Name of Account (the exact name(s) the account is held in)

Bank/State/Branch No. (BSB) or Financial Institution Number

Account Number

Signature of Account Holder 1

Date

 / /

Signature of Account Holder 2

Date

 / /

If a joint Account both signatories must sign. If a Company or Trust Account two Directors must sign.

This request to deposit funds directly into the account described in the schedule above is valid until further notice. If at any time the account details change for any reason then formal notification in writing will be required. WorkSafe Victoria will under no circumstances accept a change in the bank or financial institution details without a signed written request.

CONTACT DETAILS FOR WORKSAFE AGENTS

Please forward this form to your authorised WorkSafe Agent. Contact details can be found at **worksafe.vic.gov.au/agents**.

If you need to clarify your WorkSafe Agent, please call the WorkSafe Advisory Service on free call **1800 136 089**.