

DIRECT CREDIT APPLICATION FORM



Please print in block letters and answer all questions where applicable.

Section 1 - Payee details

COMPANY/PAYEE NAME

CONTACT PERSON

ADDRESS

POST CODE

ABN

TELEPHONE NO.

EMAIL ADDRESS

Section 2 - Banking details

NAME OF BANK OR FINANCIAL INSTITUTION WHERE THE ACCOUNT IS LOCATED (PLEASE ATTACH BLANK DEPOSIT FORM/SUMMARY SLIP FOR VERIFICATION)

ADDRESS OF BANK OR FINANCIAL INSTITUTION

POSTCODE

NAME OF ACCOUNT

BSB NO.

ACCOUNT NO.

REMITTANCE ADVICE EMAIL

Section 3 - Declaration

I/We hereby acknowledge and accept the conditions of direct credit as stated in this application.

DECLARED BY (PRINT NAME)

TITLE/POSITION

SIGNATURE

DATE

Conditions of WFI Direct Credit

1. WFI is under no obligation to verify your banking details.
2. Changes in the above particulars are to be notified immediately to WFI in writing to the above address.
3. Payment will be deemed to have been made when WFI has instructed its bank to credit the account. WFI will not be responsible for any delays in payment or errors due to factors outside the reasonable control of WFI.
4. WFI reserves the right at any time to terminate or suspend this direct credit payment system and to pay by cheque or in any other manner which WFI may determine from time to time.
5. The supplier agrees to repay to WFI on demand any payments credited to the supplier in error. WFI reserves the right to offset the amount of any overpayment made in error against future debts or liabilities owing by WFI to the supplier.

Please return the completed form to: workerscomplains@iag.com.au