

# EFT AUTHORISATION FORM



By completing this form and by sending it to [workerscompclaims@iag.com.au](mailto:workerscompclaims@iag.com.au), you consent to WFI:  
- making all payments due to you to the account you have nominated below; and  
- sending your remittance advice to your nominated email.

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

PAYEE TYPE

EMPLOYER                       INJURED PERSON                       SERVICE PROVIDER

## Section 1 - Payee details

PAYEE NAME

ADDRESS

POST CODE

ABN (IF APPLICABLE)

TELEPHONE NO.

EMAIL ADDRESS

## Section 2 - Banking details

NAME OF BANK OR FINANCIAL INSTITUTION WHERE THE ACCOUNT IS LOCATED

ADDRESS OF BANK OR FINANCIAL INSTITUTION

POSTCODE

NAME OF ACCOUNT

BSB NO.

ACCOUNT NO.

REMITTANCE ADVICE EMAIL ADDRESS

## 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 (IF APPLICABLE)

SIGNATURE

DATE

### Conditions of WFI Direct Credit

1. WFI is under no obligation to verify your banking details.
2. If your account details change, please complete a new EFT Authorisation Form and send it to us at [workerscompclaims@iag.com.au](mailto:workerscompclaims@iag.com.au) In order to process any changes to your account details, please allow (5) business days.
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.