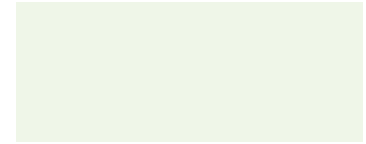


Electronic Funds Transfer Form Individuals



Office Use Only

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 payments via Electronic Funds Transfer to the following bank account.

Payee Details

Title	Surname	Given names
<input type="text"/>	<input type="text"/>	<input type="text"/>
Claim number (if applicable)	ABN number (if applicable)	
<input type="text"/>	<input type="text"/>	

Address and Contact Details

Postal address

<input type="text"/>	
<input type="text"/>	Postcode <input type="text"/>

Phone Mobile

Email address

Bank/Financial Institution Details

Bank/Financial Institution name

Bank/Financial Institution address

<input type="text"/>	
<input type="text"/>	Postcode <input type="text"/>

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 when processing, paying and recording transactions pursuant to this authority, and that CCI will use all reasonable measures to keep my/our banking details secure and confidential.
- ◆ 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.

Signature

Date: (dd/mm/yyyy)

 / /

Print name

Once completed, please return this form by email to workerscompensation@ccinsurance.org.au

How to Contact Us

Mail Catholic Church Insurance Limited
GPO Box 4240 Sydney NSW 2001
Email workerscompensation@ccinsurance.org.au
Website www.ccinsurance.org.au
Telephone 1300 110 442

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