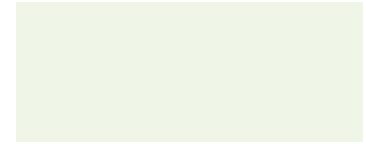


# Electronic Funds Transfer Form Organisations



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.

### Company Details

Client name

ABN number (if applicable)

### Address and Contact Details

Postal address

Postcode

Phone

Mobile

Email address

### Bank/Financial Institution Details

Bank/Financial Institution name

Bank/Financial Institution address

Postcode

BSB number

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Account number

Account name

## Personal Information Protection Statement

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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

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- ◆ 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](mailto:workerscompensation@ccinsurance.org.au)*

### How to Contact Us

Mail Catholic Church Insurance Limited  
GPO Box 4240 Sydney NSW 2001  
Email [workerscompensation@ccinsurance.org.au](mailto:workerscompensation@ccinsurance.org.au)  
Website [www.ccinsurance.org.au](http://www.ccinsurance.org.au)  
Telephone 1300 110 442

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