

ELECTRONIC FUNDS TRANSFER APPLICATION FORM

Postal Address WorkSafe Victoria
Provider Registration Unit
GPO Box 4306
MELBOURNE VIC 3001

Telephone Number (03) 9641 1615
(03) 9641 1626

Fax Number (03) 9641 1767

CONTACT DETAILS

Provider Number

Type of Services Provided

Company Name

Surname

Given Name/s

Practice Address

 P/Code

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 WorkSafe's Privacy Policy at worksafe.vic.gov.au.

Provider Signature

Name

Date

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Notes

- If you have more than one provider number it will be necessary to complete a separate Electronic Funds Transfer Application form for each number.

BANK ACCOUNT DETAILS

Name of Bank or Financial Institution

Address of Bank or Financial Institution

Title of Account

Insert the exact name(s) the account is held in
eg Surname/Company/Trust or joint names

Company Name/Given Name or Names for Joint Account

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

Account Number

Signature of Account Holder

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.