



EFT AUTHORISATION FORM

By completing this form and by sending it to **workerscompclaims@iag.com.au**, you consent to CGU:
- 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

 Postcode

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

Account Held in the Name(s) of

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 CGU Direct Credit

- CGU is under no obligation to verify your banking details.
- If your account details change, please complete a new EFT Authorisation Form and send it to us at **workerscompclaims@iag.com.au**. In order to process any changes to your account details, please allow (5) business days.
- Payment will be deemed to have been made when CGU has instructed its bank to credit the account. CGU will not be responsible for any delays in payment or errors due to factors outside the reasonable control of CGU.
- CGU 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 CGU may determine from time to time.
- The supplier agrees to repay to CGU on demand any payments credited to the supplier in error. CGU reserves the right to offset the amount of any overpayment made in error against future debts or liabilities owing by CGU to the supplier.



Insurer
Insurance Australia Limited
ABN 11 000 016 722 AFSL 227681
trading as CGU Workers Compensation