

Workers Compensation – EFT Authority Form

Please complete this form to:

- Receive payment from CGU via EFT into a nominated account
- Nominate how you would like to receive notice of payments made (Remittance Advice)

I request that CGU Workers Compensation (NSW) Limited credit the nominated bank account with all due payments that relate to workers compensation benefits (e.g. weekly benefits, medical expenses, travel expenses).

Payee Type

Worker Employer Service Provider

Payee Details

Name *Company name if employer/provider*

Address

No. Street

Suburb Postcode

Claim number *(worker only)*

Policy number *(employer only)*

ABN

Name of person completing form

Position *(if employer/service provider)*

Medicare provider number *(medical practitioner only)*

Note to employers: EFT payments can be made per Division or Cost Centre. List division/s or cost centre/s to use below EFT details (complete a separate form for each variable). Write all, for all division/s and/or cost centre/s.

Division Cost Centre

Payment Frequency

Service provider or worker only (for weekly benefits only, frequency should coincide with the usual pay cycle).

Weekly Fortnightly Monthly

Remittance Advice Method

(CGU are committed to reducing paper usage, and we encourage electronic communications where possible)

Email *(nominate address)*

Fax *(nominate number)*

Post *(nominate address)*

Bank Details

BSB number *(must be six digits)*

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

Account number

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

Name of account *(which account is held)*

Name of financial institution

Branch location

Authority

I am authorised to provide the above details

Signature

Tick for electronic signature

This must be completed if sending form via email

Contact number (day)

Date

Office Use Only

Contact made to verify details

System details entered

Letter confirming details sent

Unable to verify

Completed by Date

Reviewed by Date

If posting EFT form please return to the office where policy or claim is managed. Services providers, please return to: GPO Box 9960, Sydney NSW 2001.