



DIRECT CREDIT APPLICATION FORM

Please print in block letters and answer all questions where applicable.

Section 1 - Payee details

Company/payee name

Contact Person

Address

Postcode

ABN

Telephone no.

Email Address

Section 2 - Banking details

Name of Bank or Financial Institution where the account is located (Please attach blank deposit form/summary slip for verification)

Address of Bank or Financial Institution

Postcode

Name of account

BSB no.

Account no.

Remittance Advice Email

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

Signature

Date

Conditions of CGU Direct Credit

1. CGU is under no obligation to verify your banking details.
2. Changes in the above particulars are to be notified immediately to CGU in writing to the above address.
3. 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.
4. 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.
5. 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.

Please return the completed form to: workerscompclaims@iag.com.au



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