

ELECTRONIC FUNDS TRANSFER APPLICATION FORM - EMPLOYERS

This form is for employers to receive any reimbursement of weekly payments and/or medical and like services over the employer excess as applicable.

CONTACT DETAILS

Employer Number

Workplace Number (if applicable)

Employer Name

Contact Surname

Contact Given Name/s

Employer/Workplace Address

 P/Code

Postal Address

 P/Code

Phone Number Fax Number

Email Address

COLLECTION OF INFORMATION

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.

Signature of Applicant

Name of Applicant Date of Application / /

Notes

- If you require payment at the workplace level it will be necessary to complete a separate Electronic Funds Transfer Application form for each workplace.

BANK ACCOUNT DETAILS

Name of Bank or Financial Institution

Address of Bank or Financial Institution

Name of Account (the exact name(s) the account is held in eg. ABC Holdings Pty Ltd)

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

Account Number

Signatory 1 Date / /

Signatory 2 Date / /

If a joint Account both signatories must sign. If a Company or Trust Account two Directors must sign.

The application is provided to an Agent of WorkSafe. Authority to make direct payment will remain in place if you choose later to change WorkSafe Agent.

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 will under no circumstances accept a change in the bank or financial institution details without a signed written request.

CONTACT DETAILS FOR WORKSAFE AGENTS

Please forward this form to your authorised WorkSafe Agent. Contact details can be found at worksafe.vic.gov.au.

If you need to clarify your WorkSafe Agent, please call the WorkSafe Advisory Service on free call **1800 136 089**.