

EFT details form

Expense claims for participants, workers and clients

Use this form to provide bank account details to apply for reimbursements from icare.

1. Participant / Worker / Client details

Name

Participant/Claim number

Phone number

Payment to be made to:

Participant / Worker / Client

Other person

If payment is made to another person, what is the other person's name?

2. Remittance Details

Email*

Please note that payment will only be made by EFT and remittance advice sent to email addresses.

3. Account details for person claiming out-of-pocket reimbursements (within Australia)

Bank (e.g. ANZ)

Branch name (e.g. Gosford)

Branch/BSB number

Account number

Account Name

4. Account details for person claiming out-of-pocket reimbursements
(for people residing overseas)

Bank Name	Branch
<input type="text"/>	<input type="text"/>
City	Bank SWIFT/BIC Code
<input type="text"/>	<input type="text"/>
Branch Identifier	Wire Transfer Rounding Number <i>(If applicable)</i>
<input type="text"/>	<input type="text"/>
Account Number or IBAN	Currency
<input type="text"/>	<input type="text"/>
Account Name	
<input type="text"/>	

5. Submitted by *(Participant/Worker/Client)*

Name	<input type="text"/>	
Signature	Date	
<input type="text"/>	<input type="text"/>	

6. Return to

Accounts Payable
GPO Box 4052
Sydney NSW 2001

Email this form to:
carefinance@icare.nsw.gov.au
Phone: 1300 416 829