

# 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

Claimant name (if different from above)

### 2. Remittance Details

Email\*

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

### 3. Account Details (within Australia)

Bank (e.g. ANZ)

Branch name (e.g. Gosford)

Branch/BSB number

Account number

Account Name

#### 4. Account Details (for claimants residing overseas)

Bank Name

Branch

City

Bank SWIFT/BIC Code

Branch Identifier

Wire Transfer Rounding Number (If applicable)

Account Number or IBAN

Currency

Account Name

#### 5. Submitted by (Participant/Worker/Client/Claimant)

Name

Signature

Date

#### 6. Return to

**Accounts Payable**  
GPO Box 4052  
Sydney NSW 2001

**Email this form to:**  
[LTCSFinance@icare.nsw.gov.au](mailto:LTCSFinance@icare.nsw.gov.au)

**Phone:** 1300 416 829  
**Fax:** 1300 738 583