# EFT details form

## Expense claims for participants, workers, and clients

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

### Participant / Worker / Client details

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Participant number or 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? | | | |
|  | | | |

### Remittance details

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

### 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 | |
|  | |

### Account details for person claiming out-of-pocket reimbursements (for people 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 | |
|  | |

### Signature by (Participant / Worker / Client)

|  |  |  |
| --- | --- | --- |
| Name | Signature | Date |
|  |  | Click or tap to enter a date. |

### Return to

|  |  |
| --- | --- |
|  | **icare  Accounts Payable** GPO Box 4052, Sydney NSW 2001 **Accounts Enquiries: 1300 416 829** Email: [carefinance@icare.nsw.gov.au](mailto:carefinance@icare.nsw.gov.au) [www.icare.nsw.gov.au](https://www.icare.nsw.gov.au) |