

## EFT details form

Expense claims form for employers, service providers, workers and workers representatives

### Electronic funds transfer

Use this form to provide bank account details for your workers compensation claim reimbursements and payments.

#### 1. Payee details

First name

Last name

Telephone

Email

Address (street and number)

Suburb/Town

State

Postcode

Claim Number

☐

Worker

Policy Number

ABN

☐

Employer

Claim Number

☐

Dependant

Provider Number

ABN

☐

Provider

#### 2. Bank account details

Name of bank

Account name

BSB

Account number

Account holder's signature

Date

#### 3. Remittance advice

Preferred method of notification:

☐

Post

☐

Email

#### 4. Authority

I authorise payments to be deposited by electronic funds transfer to the bank account nominated in this form.

Applicant's signature

Applicant's name

Date

#### 5. Return to

Once completed, please send your forms to your claims service provider:

**EML:** [emlclaims@workerscomp.nsw.gov.au](mailto:emlclaims@workerscomp.nsw.gov.au)

**QBE:** [qbeclaims@workerscomp.nsw.gov.au](mailto:qbeclaims@workerscomp.nsw.gov.au)

**DXC:** [dxccclaims@workerscomp.nsw.gov.au](mailto:dxccclaims@workerscomp.nsw.gov.au)

**Allianz:** [alzclaims@workerscomp.nsw.gov.au](mailto:alzclaims@workerscomp.nsw.gov.au)

**GIO:** [gioclaims@workerscomp.nsw.gov.au](mailto:gioclaims@workerscomp.nsw.gov.au)

**GB:** [gbsclaims@workerscomp.nsw.gov.au](mailto:gbsclaims@workerscomp.nsw.gov.au)