



Electronic Funds Transfer Form

Details of the person requesting payment via Electronic Funds Transfer

Surname:	
Given Name(s)	
Address:	
Claim Number(s):	
Employer	

Details of the account to be credited (all account details must be supplied)

Name of Financial Institution:	
Branch:	
BSB:	
Account name:	
Account number:	

Notification of payment via Electronic Funds Transfer

Preferred method of notification:	<input type="checkbox"/> Post <input type="checkbox"/> Email Please provide address: _____
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Privacy

Protecting your privacy and personal information is an important aspect of the way we manage our services. To read more about our privacy statement, visit the EML website.

Authorisation

I authorise EML Limited to make payments to the above-mentioned person through Electronic Funds Transfer to the Account detailed above.

Signature:	
Date:	

For use by EML only

Check 1	Name:		Sign Off:		Date:	
Check 2	Name:		Sign Off:		Date:	