

## Electronic Funds Transfer Request Form – Claims Payments

Requests for payment by Electronic Funds Transfer will be processed only following receipt of an original copy of the following fully completed form.

### Details of the person or company requesting payment via Electronic Funds Transfer

<b>Name</b> (person or company):			
<b>Address:</b>			
<b>Relationship with EML:</b> <i>(tick one of the following)</i>	<input type="checkbox"/> Worker <input type="checkbox"/> EML Policyholder <input type="checkbox"/> Third Party Service Provider <input type="checkbox"/> TMF Employer		
<b>Reference:</b> <i>(provide one of the following references)</i>	<input type="checkbox"/> Claim Number <input type="checkbox"/> Policy Number <input type="checkbox"/> ABN	<b>Reference Number:</b> .....	
<b>TMF Employers only:</b> <i>(please list all policies that you would like updated with the following EFT details)</i>			

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

<b>Bank Name:</b>							
<b>Account Name:</b>							
<b>BSB:</b>							
<b>Branch:</b>							
<b>Account number:</b>							

### Notification of Payment via Electronic Funds Transfer

<b>Preferred Method of Notification:</b>	<b>Payment Notification Address Details:</b>
<input type="checkbox"/> Post <input type="checkbox"/> Email <input type="checkbox"/> Fax	

### Authorisation - This must be signed for the form to be processed

I authorise EML NSW Limited to make payments to the above person or company through Electronic Funds Transfer to the Account detailed above.

<b>Name (first and last name):</b>			
<b>Date:</b>			
<b>Signature:</b>			
<b>Phone Number:</b>			

### For use by EML Only

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