



Electronic Funds Transfer (EFT)—request for injured workers

Please use this form if you want Comcare to arrange for your payments to be paid by EFT directly into an Australian bank account.

Please tick the relevant box Medical payments Incapacity payments for direct payees

Name in full

Claim no.

Address

Postal address

Email address

Telephone No.

Fax No.

Name of your bank
or financial institution

Branch address

BSB No.

Account No.

Name of account holder/s

Privacy information

Your privacy is important to us. For information about how we handle your personal information, please visit www.comcare.gov.au/privacy or contact us on 1300 366 979 and request a copy of our Privacy Policy.

Declaration

By signing this form, I certify that:

- I have authority to provide this information on behalf of the person named above.
- I am authorising Comcare to pay medical payments and/or incapacity payments (if relevant) directly into the nominated bank account and that the bank details I have provided are correct.
- The email address provided may be used by Comcare to send me electronic remittance advices.

I have read and agree with this declaration.

Name _____ Date signed _____

Please send your completed form to Comcare by:

Email: general.enquiries@comcare.gov.au

Mail: GPO Box 9905

Canberra ACT 2601

Australia

Note: If your EFT payment fails, your payments will be held until Comcare receives your correct bank details.

Further information: If you need assistance, please call Comcare on 1300 366 979.