

DEBTOR CREATION FORM

Debtor No

Comcare use only

Debtor name ABN/ACN Postal address Phone Email Contact name Position Please email completed form to your Comcare Contact Officer COMCARE USE ONLY Debtor type Claim General Licence OHS Only Premium Staff Xpay Term days	DEBTOR DETAILS	
Phone Fax Mobile Email Contact name Position Please email completed form to your Comcare Contact Officer COMCARE USE ONLY Debtor type Claim General Licence OHS Only Premium Staff Xpay Term days	Debtor name	
Phone Email Contact name Position Please email completed form to your Comcare Contact Officer COMCARE USE ONLY Debtor type Term days State Postcode Postcode Postcode Postcode Fax Mobile Fax Fax Mobile Fax Mobile Fax Fax Fax Mobile Fax Fax Fax Fax Mobile Fax Fax Fax Fax Mobile Fax Fax Fax Fax Fax Fax Fax Fa	ABN/ACN	
Phone Email Contact name Position Please email completed form to your Comcare Contact Officer COMCARE USE ONLY Debtor type Claim General Licence OHS Only Premium Staff Xpay Term days	Postal address	
Email Contact name Position Please email completed form to your Comcare Contact Officer COMCARE USE ONLY Debtor type		State Postcode Postcode
Contact name Position Please email completed form to your Comcare Contact Officer COMCARE USE ONLY Debtor type Term days Contact name Position Comcare Contact Officer	Phone	Fax Mobile
Please email completed form to your Comcare Contact Officer COMCARE USE ONLY Debtor type	Email	
Please email completed form to your Comcare Contact Officer COMCARE USE ONLY Debtor type	Contact name	
COMCARE USE ONLY Debtor type	Position	
Debtor type Claim General Licence OHS Only Premium Staff Xpay Term days	Please email completed form to your Comcare Contact Officer	
Term days	COMCARE USE ONLY	
	Debtor type	Claim General Licence OHS Only Premium Staff Xpay
	Term days	
Related Gov Dept Yes No	Related Gov Dept	Yes No
Details entered by	Details entered by	Date / /
Details confirmed by	Details confirmed by	Date / /