

## **EFT Authorisation Form**

Authorisation for payment by electronic funds transfer to an individual



I hereby authorise StateCover Mutual Limited (StateCover) to verify my account details with the financial institution nominated on this form and to make payments due to me (the injured worker) by means of electronic funds transfer, subject to the following conditions:

- 1. This authority shall be valid from the date authorised until altered or cancelled by me and shall apply to payments made on all claims lodged under my employer's workers compensation policy.
- I will notify StateCover of any changes to these details as soon as practicable, and in writing to StateCover by fax (02) 8004 8253 or by email to <u>claims@statecover.net.au</u>.
- 3. I understand payment will be deemed to have been made when StateCover has instructed its financial institution to credit my nominated account. StateCover will not be responsible for any delays in payment or errors due to factors outside their reasonable control, including but not limited to, delays in the banking system or errors in the account details supplied.
- 4. StateCover reserves the right at any time to terminate or suspend this direct credit payment system and pay me by cheque, or in any other manner which StateCover may determine from time to time.
- 5. I agree to repay StateCover, on demand, any payment amount credited to me in error. StateCover reserves the right to offset the amount of any payment made in error against any future debt or liability owed to me by StateCover.

Date		Claim number	
Name (in full)			
Address			
Suburb			
Phone	Email		
Bank / Financial institution			
Account name			
BSB		Account number	
Signature		Name (print)	

The person signing this form must be the worker, or the worker must have provided StateCover with written consent for the person signing this form to act on this claim on their behalf.

This completed form can be emailed to StateCover at <a href="mailto:claims@statecover.net.au">claims@statecover.net.au</a>.

StateCover Mutual Limited PO Box R1865 ROYAL EXCHANGE NSW 1225 www.statecover.com.au

- T (02) 8235 2800
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- E <u>claims@statecover.net.au</u>