



## WORKERS' COMPENSATION PAYMENTS EFT FORM

### Application for direct credit remittances

In accordance with the attached conditions of this Agreement, I/We hereby authorise Catholic Church Endowment society Inc (CCES) to make future workers' compensation payments via Electronic Funds Transfer to the following bank account.

### Applicant Details

Surname (Fr/Sr/Mr/Mrs/Ms/Miss)		Given names	
Claim number		ABN number (if applicable)	

### Address and Contact Details

Postal address		Postcode	
Phone - Work	Home	Mobile	
Email address	<i>(An email address or fax number is required for remittance advice to be sent)</i>		

### Bank / Financial Institution Details

Bank / Financial Institution name	
Bank / Financial Institution address	
BSB number	
Account number	
Account name	

## Personal Information Protection Statement

The personal information we collect from you on this Electronic Funds Transfer Form will be used by us for the purpose of making payments to you. The personal information will be used for the primary purpose for which it is collected, and may be disclosed to contractors and agents of CCES. Personal information will be managed in accordance with CCES' Privacy Statement which may be accessed on our website or by writing to us or calling us.

## Conditions of this Agreement

I/We will be responsible for notifying CCES in writing of any changes to the above particulars. Until receipt of any such notification, CCES is authorised to process all payments in accordance with the above particulars.

I/We warrant that the financial institution account details provided are true and comply with all applicable laws.

I/We acknowledge that CCES staff will have access to my/our banking details in carrying out their normal duties of processing, paying and recording transactions pursuant to this authority. CCES will use all reasonable measures to maintain the confidentiality of this information.

CCES will not be responsible for any delays in the payment or other errors due to factors outside its reasonable control (including, but not limited to, delays and errors in the banking system).

CCEW reserves the right to terminate or suspend this direct credit payment method at any time and to pay by cheque or any other manner if circumstances require.

I/We confirm our acceptance of the conditions of this Agreement and consent to the use and disclosure of the information provided in accordance with the above Personal Information Protection Statement.

Signature		Date (dd/mm/yyyy)	
Print name			

## Other Relevant Information if Required

### Contact us

**Mail:** Catholic Church Endowment Society Inc – GPO Box 390, Rundle Mall 5000

**Email:** [CCESadmin@lawsonrisk.com.au](mailto:CCESadmin@lawsonrisk.com.au)

**Phone:** 08 8210 2800

**Facsimile:** 08 8212 9680

Lawson Risk Management Services – ABN 43 105 986 034