|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Requests for payment by Electronic Funds Transfer will be processed only following receipt of an original copy of the following fully completed and signed form. | | | | | | | | | | |
| 1. **Details of the person or company requesting payment via Electronic Funds Transfer (EFT)** | | | | | | | | | | |
| Name *(person or company):* | | |  | | | | | | | |
| Address: | | |  | | | | | | | |
| Relationship with Hospitality Industry Insurance *(tick one of the following)* | | |  | | | Worker  Hospitality Industry Insurance Policyholder  Third Party Service Provider | | | | |
| Reference:  *(please provide one of the following references)* | | |  | | | Claim Number  Policy Number  ABN | | Reference Number | |  |
| 1. **Details of the account to be credited (all account details must be supplied)** | | | | | | | | | | |
| Bank Name: | | | |  | | | | | | |
| Branch: | | | |  | | | | | | |
| Account Name: | | | |  | | | | | | |
| BSB (6 digits): | | | |  | | | | | | |
| Account Number: | | | |  | | | | | | |
| 1. **Notification of Payment Method via EFT** | | | | | | | | | | |
| Preferred Method of Notification | | | | | Payment Notification Address / Number Details | | | | | |
|  | Mail  Email  Fax | | | |  | | | | | |
| **Authorisation – this must be signed for the form to be processed**  I authorise Hospitality Industry Insurance to make payments to the above person or company through Electronic Funds Transfer to the Account detailed above. | | | | | | | | | | |
| First Name: | |  | | | | | Last Name | |  | |
| Date: | | /       / | | | | | Signature: | |  | |
| Phone Number: | |  | | | | |  | |  | |

**Please complete, sign and return this form to Hospitality Industry Insurance:**

**🖃:** GPO Box 4143, SYDNEY NSW 2001

**🖂:** [info@hii](mailto:hospnewclaims@eml.com.au).au

**:** 02 8251 9069

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| --- | --- | --- | --- | --- | --- | --- |
| *Office Use Only* | | | | | | |
| *Check 1* | Name: |  | Sign Off: |  | Date: |  |
| *Check 2* | Name: |  | Sign Off: |  | Date: |  |