Xchanging – Agent for the NSW WorkCover Scheme ABN 83 564 379108/008
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Direct Entry Application Form for employers

If you would like to receive your reimbursements via Electronic Funds Transfer (EFT), please complete this form and return it in the reply paid envelope provided.

Date: ..... **Policy Number:** .....

Policy Name: .....

Address: .....

State: ..... **Post Code:** .....

Phone Number: .....

Bank Details

This request to deposit funds directly into the account described, in the schedule below, is valid until further notice. If the account details change at any time, for any reason, formal notification will be required in writing. Xchanging will under no circumstances accept a change in the bank or financial institution details without a written signed request.

Name of account holder/s : _____
(insert the exact name/s e.g. J Smith and P Brown)

Bank/State/Branch No. (BSB) or Financial Institution No. : ☐☐☐.☐☐☐

Account Number : ☐☐☐☐☐☐☐☐☐☐

Signature/s : _____
_____
(if a joint account both signatories should sign)

Name of Bank or Financial Institution : _____

Address of Bank or Financial Institution where account is held : _____

XCHANGING FINANCE USE ONLY:

☐ Account Date: / /

☐ Authority Signature: _____