



ZURICH®

Direct Credit Request

This form is used to establish a new direct credit request or to change the details of an existing direct credit request for the purposes of financial transactions completed by Zurich Australian Insurance Ltd.

I/We request you to arrange for funds to be credited to the bank account shown below in accordance with my/our instructions.

Claim number (if applicable)

1 Bank details

Name of Financial Institution

Address of Financial Institution

Bank account name

BSB number

Account number

Contact Email address (Any payment processed to the nominated account will be confirmed by email to the address specified below)

2 Conditions of EFT

Zurich Australian Insurance Limited hereinafter described as Zurich, EFT conditions:

1. It is your responsibility to ensure that the above details are correct. Zurich is under no obligation to verify financial institution details.
2. Changes to any of the above details must be notified to Zurich in writing as soon as possible.
3. Payment is deemed to have occurred when Zurich has instructed its bank to credit the nominated account. Zurich is not responsible for any delays or errors in payments outside the reasonable control of Zurich.
4. Zurich reserves the right to terminate or suspend the EFT payment system at any time and without prior notice and replace payment by cheque or other method of payment that Zurich may determine.
5. You agree to repay Zurich on demand any payments credited to you in error. If you are aware of an error in your favour, notification to Zurich is to be made within 48 hours.
6. Zurich reserves the right to offset the amount of any overpayments made in error against future debts or liabilities owing by Zurich to you.
7. Zurich does not confirm indemnity or admit liability by the issuance of this form.

3 Declaration details

I, (Please print name)

Of (Please print address)

On behalf of (Please enter Business Name – if applicable)

Position

agree to the above conditions and give permission for Zurich Australian Insurance Limited to direct credit payments to the nominated account from this date forward.

I acknowledge that in most cases I can access the information collected about me by contacting Zurich at the addresses set out below or by calling 132 687 and that Zurich may disclose the information to its financial services providers. If I do not provide the requested information, Zurich may not be able to credit my account.

Signature)

X

Date

/ /

Please return completed form to:

Zurich Australian Insurance Limited

PO Box 677

North Sydney NSW 2059

or by email to: gi.generalinquiries@zurich.com.au

Zurich Australian Insurance Ltd is bound by the National Privacy Principles. Information about our Privacy Policy can be found at:

http://www.zurich.com.au/content/zurich_au/important_information/privacy.html