**Workers Compensation Direct Payment Form**

**To allow Workers Compensation claims payments for benefits, invoices & expenses**

**to be paid directly into your nominated bank account**

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| --- |
| **What you have to do** |
|   |  |  |  |  |  |   |
|   | To be paid directly into your bank, building society or credit union account: • fill out this form• make sure all details are correct• sign and date the form• scanned copy to: email it to your Claim Advisor or post to P O Box B50, Perth WA 6838 |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |   |   |   |   |   |
| **1. Company Details** |
|   |  |  |  |  |  |   |
|   | Business name/ Name as it appears on Tax Invoices |  | Business ABN |   |
|   |   |  |  |  |  |   |
|   |  |  |  |  |  |   |
|   | Business Address - Street |   | Suburb |  | Postcode |   |
|   |   |  |   |  |   |   |
|   |  |  |  |  |  |   |
|   | Email Address (for remittance delivery) |  |   |   |   |   |
|   |   |  |   |
|   | **1. The Bank Account** |   |   |
| **2. Bank Account Details** |
|  |  |  |
|   | Your full name as shown on the account |  |  |  |  |  |
|   |  |  |  |  |   |
|   |  |  |   |
|   |  BSB Number |  | Account number |  |  |   |
|   |   |  |  |  |  |   |
|   |  |  |  |  |  |   |
| **3. Declaration and signature** |
|  |  |  |
|   | Please arrange to have workers compensation claims payments for, invoices and expenses paid directly into my account shown above. I agreed to notify GIO immediately if my bank, building society or credit union details change or if I am not entitled to the payment. |   |
|   |   |  |  |  |  |   |
|   | Signature |  | Date |  |  |   |
|   |   |  | / / |   |
|   |   |   |   |   |   |   |