**Workers Compensation Direct Payment Form**

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

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | | | | | | | |  | | |
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| **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 | |  |  | |  | | |
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