



Direct Credit Application Form

Please print in block letters and answer all questions where applicable.

Section 1 – Company/name details

Company/payee name				Contact person	
Address					Postcode
Telephone no.	()	Facsimile no.	()		

Section 2 – Banking details

Name of Bank or Financial Institution where the account is located (Please attach blank deposit form/summary slip for verification)					
Address of Bank or Financial Institution					Postcode
Name of account					
BSB number	: : : : :	Account no.	: : : : : : : :		

Section 3 – Declaration

I/We hereby acknowledge and accept the conditions of direct credit as stated in this application.

Declared by (print name)	Title/position
Signature	Date
	/ /

Conditions of CGU Direct Credit

- CGU is under no obligation to verify your banking details.
- Changes in the above particulars are to be notified immediately to CGU in writing to the above address.
- Payment will be deemed to have been made when CGU has instructed its bank to credit the account. CGU will not be responsible for any delays in payment or errors due to factors outside the reasonable control of CGU.
- CGU reserves the right at any time to terminate or suspend this direct credit payment system and to pay by cheque or in any other manner which CGU may determine from time to time.
- The supplier agrees to repay to CGU on demand any payments credited to the supplier in error. CGU reserves the right to offset the amount of any overpayment made in error against future debts or liabilities owing by CGU to the supplier.

Please return the completed form to:
CGU Insurance Workers Compensation WA
GPO Box M929 Perth WA 6843
or
Fax to (08) 9264 2286

CGU Finance use only			
Entered by:	Date	Name no.	Checked by
	/ /		
Crosscheck BSB <input type="checkbox"/>	Fax <input type="checkbox"/>	Action required: Insert <input type="checkbox"/>	Amend <input type="checkbox"/> Delete <input type="checkbox"/>