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| Requests for payment by Electronic Funds Transfer will be processed only following receipt of an original copy of the following fully completed and signed form. |
| 1. **Details of the person or company requesting payment via Electronic Funds Transfer (EFT)**
 |
| Name *(person or company):* |       |
| Address: |                 |
| Relationship with Hotel Employers Mutual:*(tick one of the following)* | [ ] [ ] [ ]  | WorkerHotel Employers Mutual PolicyholderThird Party Service Provider |
| Reference:*(please provide one of the following references)* | [ ] [ ] [ ]  | Claim NumberPolicy NumberABN | Reference Number |       |
| 1. **Details of the account to be credited (all account details must be supplied)**
 |
| Bank Name: |       |
| Branch: |       |
| Account Name: |       |
| BSB (6 digits): |        |
| Account Number: |       |
| 1. **Notification of Payment Method via EFT**
 |
| Preferred Method of Notification | Payment Notification Address / Number Details |
| [ ] [ ] [ ]  | MailEmailFax |       |
| **Authorisation – this must be signed for the form to be processed**I authorise Hotel Employers Mutual to make payments to the above person or company through Electronic Funds Transfer to the Account detailed above. |
| First Name: |       | Last Name |       |
| Date: |       /       /       | Signature: |  |
| Phone Number: |       |  |  |

**Please complete, sign and return this form to Hotel Employers Mutual:**

**🖃:** GPO Box 4143, SYDNEY NSW 2001

**🖂:** info@hotelemployersmutual.com.au

**:** 02 8251 9495

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| *Office Use Only* |
| *Check 1* | Name: |  | Sign Off: |  | Date: |  |
| *Check 2* | Name: |  | Sign Off: |  | Date: |  |