

# Electronic Funds Transfer Authority

## Section 1

### Name (of policy holder)

Title:  Mr.  Mrs.  Miss  Company

Name: \_\_\_\_\_

## Section 2

### Bank Account Details

BSB number (all 6 digits are required here)

Account number

Nominated account name: \_\_\_\_\_

Bank, Credit Union, Building Society name: \_\_\_\_\_

Branch: \_\_\_\_\_

## Section 3

### Declaration

I hereby authorise Claims Services Australia Pty Ltd (**CSA**) as agents of Calliden Insurance Limited (**Calliden**) to make any payments to the policy holder by Electronic Funds Transfer (EFT) into the above bank account.

I understand and agree that the following conditions will apply:

- I agree that the payment is made when CSA has instructed its bank to credit the nominated account and that we release CSA from any further liability in relation to this payment.
- CSA is not responsible for any delays in payment or errors due factors outside its reasonable control, including delays or errors in the financial system or errors in the supplied account details.
- I agree to CSA collecting, holding and maintaining the following personal information to authorise payments to my nominated bank account. I agree to CSA's disclosure of this information, to CSA's bank and my bank for the purpose and administration of processing my payment. I understand that I have the right to access or correct my personal information under the *Privacy Act 1988*. I understand that my failure to supply full details and to sign this declaration may result in my payment not being paid or my payment being paid into a wrong account.
- I declare that the details in this application are true and correct and (where applicable) I am authorised on behalf of the Company to provide the information above.

Signature if individual: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature if Company: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_

**Please attach this document to your claim form**

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