

EFT Authorisation Form – Injured worker

QBE Insurance (Australia) Limited ABN 78 003 191 035 AFSL 239 545



By completing this form and by sending it to myWCclaim@qbe.com, you consent to QBE:

- making all payments due to you for your workers compensation claim to the account you have nominated below; and
- sending your remittance advice to your nominated email.

Payee details

Name			
Address			
Email			
Claim No.			

Bank details

Bank			
Account Name			
BSB number		Account number	

Important notice

If your account details change, please complete a new EFT authorisation form and send it to us at myWCclaim@qbe.com

In order to process any changes to your account details, please allow five (5) business days.

Privacy

QBE's Privacy Policy describes how we collect, disclose, store and use your information and how you can access it, correct it or contact us to make a complaint. QBE may share your information with other QBE Group companies or with our authorised representatives and service providers, each of which may be based outside of Australia. You can view our Privacy Policy at www.qbe.com.au/privacy, or to obtain a copy of it you can phone us on 133 723 or request it from one of our authorised representatives or service providers.

By providing the information we've requested, you consent to QBE collecting, using and storing your information to issue, administer and manage the products and services you have or may wish to take with us in accordance with our Privacy Policy. If you've provided information about any other person, by submitting this form you confirm that you've let them know that you're providing their information and that you've obtained their consent to do so.

If you don't provide all of the information we've requested, we may be unable to issue you with a product or service or we may be unable to administer or manage it.