

# Electronic funds transfer application form – superannuation funds



## General information and instructions

Please complete your application and return via email, or alternatively to the postal address/fax number listed below:

**Email:** [service\\_provider\\_registration@worksafe.vic.gov.au](mailto:service_provider_registration@worksafe.vic.gov.au)

**Post:** WorkSafe Victoria  
Provider Registration Unit  
PO Box 279  
Geelong VIC 3220

**Fax:** 03 9641 1767

Please note if you have more than one USI/Product, it will be necessary to complete a separate electronic funds transfer application form for each USI/Product.

If you require further information please visit our website [www.worksafe.vic.gov.au](http://www.worksafe.vic.gov.au), or call our WorkSafe Advisory service on 1800 136 089.

## 1. Contact details

ABN	Unique superannuation identifier (USI)	
<input type="text"/>	<input type="text"/>	
Fund name		
<input type="text"/>		
Fund address		P/code
<input type="text"/>		<input type="text"/>
Phone number	Fax number	Email address
<input type="text"/>	<input type="text"/>	<input type="text"/>

## 2. Bank account details

Name of bank or financial institution		
<input type="text"/>		
Address of bank or financial institution		P/code
<input type="text"/>		<input type="text"/>
Account name		
<input type="text"/>		
BSB	Account number	
<input type="text"/>	<input type="text"/>	
Authorised signatory/signatories		Date
<input type="text"/>		<input type="text"/>
Authorised signatory/signatories		Date
<input type="text"/>		<input type="text"/>

*This request to deposit funds directly into the account described in the schedule above is valid until further notice. If at any time the account details change for any reason, a new Electronic Funds Transfer Application Form is required to be completed.*

*WorkSafe Victoria will under no circumstances accept a change in the bank or financial institution details without a signed application form.*

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### 3. Collection of personal information

Personal information collected in this form by WorkSafe Victoria (WorkSafe) is used to enable the payment of superannuation contributions for injured workers to the fund electronically, eRemittances and for related administrative purposes. Personal information collected in this form is used and managed in accordance with the *Privacy and Data Protection Act 2014* and WorkSafe's Privacy Policy, which is available at [worksafe.vic.gov.au](http://worksafe.vic.gov.au).

WorkSafe may disclose this information to other organisations if required, authorised or permitted by law or with your consent. Individuals have the right to access their personal information held by WorkSafe by contacting the Freedom of Information Team on 9641 1555.

Signature

Name

Date

<input type="text"/>	<input type="text"/>
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