

## Collection of Bank Account Details from Customer

The following form is to allow us to make payment for a claim directly into a nominated account. The details will be used for payments relating to this claim only. By signing this form you are directing us to make any payments relating to this claim to the account nominated below until you notify us in writing otherwise.

**IMPORTANT NOTE:**

If you are insured through CGU, this form must be signed by all policy holders.

Please ensure account details are accurate. The submission of incorrect account details may result in delayed settlement.

Customer's name and address:

Claim Number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Your bank BSB no. <i>in numerals:</i></b>							
<b>Your bank BSB no. <i>in words:</i></b>							
<i>e.g. One, four, six - seven, two, zero</i>							

<b>Your bank account no. <i>in numerals:</i></b>	
<b>Your bank account no. <i>in words:</i></b>	
<i>e.g. Two, One, Three, Nine, Seven, One, One, Four, Eight</i>	

<b>Name of Bank:</b>			
<b>Branch:</b>			
<b>Bank Account holders name:</b>			
<b>Date:</b>			
<b>All policy holders/claimants to sign the form:</b>			
<b>Print Name:</b>		<b>Signature:</b>	
<b>Print Name:</b>		<b>Signature:</b>	
<b>Print Name:</b>		<b>Signature:</b>	
<b>Fax no:</b>		<b>Phone no:</b>	

Please return completed form to \_\_\_\_\_.