

Electronic Funds Transfer (EFT) request – Member

Payment details

New EFT request Modify existing EFT request

Superannuation Fund/Employer name

Member name (you)

Claim number

Name and address of financial institution where account is held

Name of financial institution

Address of financial institution

Suburb/Town

State

Postcode

Details of account to be credited

Name of account holder

BSB – Account number

Authorised signatories of account

Name of authorised signatory

Signature of **authorised signatory**

X

Date (dd/mm/yyyy) / /

Name of authorised signatory

Signature of **authorised signatory**

X

Date (dd/mm/yyyy) / /

Declaration

I declare that the information given in this form by me is true and correct in every detail.

Signature of **authorised signatory**

X

Date (dd/mm/yyyy) / /

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