Direct Debit Request

I/We request you [*insert Agent Name*] – Agent for the NSW WorkCover Scheme *[insert Direct Debit User ID]* may debit and/or charge any amount relating to the Workers Compensation Insurance for the policy number shown below through the Bulk Electronic Clearing System from my/our nominated account at the financial institution shown below.

Employer Name
Policy Number
ACN/ARBN/ABN
(please circle)

qq qqq qqq qqq
Branch ABN if applicable qqq

Address

Postcode

Signed on behalf of employer by:
  Name
  Position/Capacity
  Contact details
  Signature(s) (Note 1)

Tel No: Fax   Email

If debiting from a joint bank account, both signatures are required

Date

qq-qq-qqqq

Name and Branch of Financial Institution

BSB No.

qqq-qqq

Account Number

qqqqqqqqqqqqqqqqqqq

In signing this authority you, on behalf of the employer agree, that you have read, understood and accept the Direct Debit Service Agreement provided with this form and that you have the authority of the account owner to approve of payments being made from the nominated account. Additionally you acknowledge that should there be insufficient funds in the account nominated above to meet any direct debit that your rights to pay by instalments will be lost, the full outstanding amount of the workers compensation premium becomes due, together with the default fee, and that Late Payment Fees on the full outstanding amount will be payable at the rate of 1.074% per month compounded monthly.

Note 1. If the account to be debited is a joint account that requires more than one signature please have the appropriate number of account signatories sign. If the account is held by a company please have the form signed by a director and company secretary. If you are signing on behalf of another person or entity please state the capacity in which you sign.