

# Direct Credit Authority Application

for direct credit of claim benefits

Customer Number (if known)

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Customer Name

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Name/s the account is held in


Name of bank/financial institution

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BSB number

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Account number

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Is this a change to existing Direct Credit Authority details?

No

Yes - to take effect

/	/
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**Signature**

<b>X</b>
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Date

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**Return the completed form to:  
(no postage stamp required)**

Reply Paid 62208  
22 Honeysuckle Drive  
Newcastle NSW 2300  
Fax: 02 4925 1900

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