

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

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Name of bank/financial institution

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BSB number

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|--|--|--|--|--|--|--|--|
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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

| |
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| X |
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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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