

# Electronic Funds Transfer Authority

This form (Authority) authorises Insurance Australia Limited ABN 11 000 016 722 AFSL 227681 trading as WFI (WFI) to credit the bank account detailed below by Electronic Funds Transfer (EFT) in connection with refunds relating to my/our insurance account indicated on this Authority.

Client name: .....

Postal address: .....

Contact telephone: .....

Email: .....

Client number: .....

Bank name: .....

Account name: .....

BSB number: .....

Account number: .....

Please send confirmation of EFT payments by: *(select one)*

Post

Email

I authorise, and request, WFI to credit the above bank account by EFT with any amounts refunded in connection with my/our insurance account. I acknowledge that this Authority will replace any previous authority provided to WFI. I confirm that I have authority from all policyholders to act on their behalf in relation to this Authority. This Authority will become effective when the signed form is received by WFI and will remain in force until the Authority is revoked; either by contacting WFI by phone on 1300 934 934 or sending WFI a new Authority.

Signature: ..... Date:        /        / .....

We (WFI) collect your personal information, including your bank account details, name, postal address and contact details, to process EFT refunds to your bank account. Further information on how we collect, use and disclose your personal information can be found in our Privacy Policy, which is available online at [www.wfi.com.au/privacy](http://www.wfi.com.au/privacy). If you require a copy of our Privacy Policy it can be posted or emailed to you.

**Please email to:**

clientservice@wfi.com.au

**or mail to:**

**Western Australia**  
WFI  
Reply Paid 63329  
Bassendean DC WA 6942

**In all other States**  
WFI  
Reply Paid 16213  
Collins Street West VIC 8007

**SUBMIT**

