

Direct Entry Authorisation Form

Worker

Please complete our direct entry authorisation form and send to either of the following:

Fax - 02 9266 7429

Email - Special_Banking_Unit@allianz.com.au

Mail - Allianz Australia Workers Compensation PO BOX 5429, Sydney NSW 2001

Worker Name

Claim Number

Telephone Number

Mobile Number

Address

Email Address

Bank/Financial Institution

Full Account Name

BSB Number

Account Number

Please complete the above details and ensure that you sign this form.

I confirm that I authorise Allianz to CREDIT monies relating to the reimbursement of Workers Compensation benefits on the above claim number.

Signature

Date

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Insurance for NSW

Allianz 