

Direct Entry Authorisation Form Worker



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

Email - wawc.banking@allianz.com.au

Mail - Allianz Australia, Workers Compensation, GPO Box K772, Perth WA 6872

Injured Worker

Claim Number

Contact Number

Email Address

Postal Address 1

Postal Address 2

City

State

Post Code

Full Account Name

BSB Number

Account Number

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

I confirm that I authorise Allianz to CREDIT monies relating to the reimbursement of Workers' Compensation invoices to the account mentioned above.

Signature

Date