

Direct Entry Authorisation Form

Third Party Provider

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

Business Name

Australian Business Number (ABN)

Telephone Number

Contact Name

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 (*hand written signature required*)

Date

* The email provided should not be a personal email but a generic company email address that be accessed by relevant company personnel