

# Direct Entry Authorisation Form Employer



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

**Email** - [wawc.banking@allianz.com.au](mailto:wawc.banking@allianz.com.au)

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

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Policy Name

Policy Number

Cost Centre

Contact Name

Contact Number

Email Address (*Generic Email Address*)

Postal Address 1

Postal Address 2

City

State

Post Code

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Full Account Name

BSB Number

Account Number

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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