

Group Risk Insurance Direct Credit Nomination Form – Member Group Salary Continuance



Zurich Australia Limited ABN 92 000 0101 095/AFSL 232510 ('Zurich') is the insurer of the policy which provides cover in respect of this application.

1 Insured and Policy owner details

Insured name
Policy owner
Claim number

2 Direct Credit details (please note that Credit Card and Pass Books cannot be used to receive EFT payments)

Bank account name
BSB number - Bank account number
Bank
Branch

3 Conditions of EFT

- Zurich Australia Limited hereinafter described as Zurich, EFT conditions:
1. Zurich is under no obligation to verify financial institution details.
 2. Changes to above details must be notified to Zurich in writing within 48 hours of any change.
 3. Payment is deemed to have occurred when Zurich has instructed its bank to credit the nominated account. Zurich is not responsible for any delays or errors in payments outside the reasonable control of Zurich.
 4. Zurich reserves the right to terminate or suspend the EFT payment system and replace payment by cheque or other method of payment that Zurich may determine.
 5. You agree to repay Zurich on demand any payments credited to you in error. If you are aware of an error in your favour, notification to Zurich is to be made within 48 hours.
 6. Zurich reserves the right to offset the amount of any overpayments made in error against future debts or liabilities owing by Zurich to you.

4 Direct Credit consent

I, (Full name)
of (Full residential address)
consent to the above conditions and give permission to Zurich Australia Limited to direct credit the payments to the nominated account from this date forward.

Signature) X	Date / /
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Please return completed form to:
Zurich Australia Limited
Group Risk Insurance
Locked Bag 994
North Sydney NSW 2059

