



EFT APPLICATION FORM - Personal

A. Please answer all questions where appropriate

Payee Name (Use block letters)

Postal Address

Postcode:

Email Address/Contact Number

Bank account details

Contact Person

Financial Institution Name

Branch

Name Account is held in

BSB Number Account Number

Or Credit Card number

Expiry date:

B. RAC Insurance's (We or Us) EFT Conditions:

1. We are under no obligation to accept this application or to verify the Financial Institution details.
2. Changes in the above suppliers' particulars are to be notified immediately to Us to the shown address. These changes must be faxed or posted to us.
3. Payment will be deemed to have been made when We have instructed our bank to credit the suppliers' account.
4. We will not be responsible for any delays in payment or errors due to factors outside reasonable control of Us.
5. We reserve the right at any time to terminate or suspend this EFT payment system and to pay by cheque or in any other manner, which we may determine from time to time.
6. The supplier agrees to repay to Us on demand any payments credited to the supplier in error. We reserve the right to offset the amounts of any overpayments made in error against future debts or liabilities owing by Us to the supplier.
7. Payments can only be made to Australian bank accounts.
8. If a request is made to deposit into a bank account with more than one named account holder, a signature is required from each account holder.

Policy Number

C. Declaration of Payee

I/We hereby acknowledge and accept the conditions of the EFT as stated in this application.

Name

Signature(s)

Date

D. Please fax completed Form to:

**EFT Coordinator
(08) 9436 5100**

Or please post to:

**Insurance Claims
R.A.C. Insurance Pty Limited
GPO BOX C140
PERTH WA 6839**

Internal Use Only

Entered by	Date
Checked by	Date
Crosscheck BSB	Fax
Action required	
Insert Amend Delete	
Client Number	