



EFT APPLICATION FORM

Company or Business Name (Use Block Letters)

ABN

Client Code (Office use only)

Postal Address

Postcode

Email Address

Contact Number

Bank Account Details

Contact Person / Position

Financial Institution Name

Branch

Name Account is held in

BSB

Account Number

Carriers Insurance Brokers P/L EFT Conditions:

1. We are under no obligation to accept this application or to verify the Financial Institution details.
2. Changes in the above client's particulars are to be notified immediately to us. These changes must be posted or emailed to us.
3. Payment will be deemed to have been made when we have instructed our bank to credit the client's account.
4. We will not be responsible for any delays in payment or errors due to factors outside our reasonable control.
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 client agrees to repay to us on demand any payments credited to the client account in error. We reserve the right to offset the amounts of any overpayments made in error against future payments owing to the client.
7. Payments can only be made to Australian Bank Accounts.

Declaration of Company / Business

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

Print Name

Signature

Date