

Claims X

Bank account verification form



Please complete this form and return via email to claims.aus@claimsx.com.au.

Your details

Business/Company name*

Claimant/Contact name

Date of birth (for individuals)

Address

Phone number

Email address

Claims X claim number

*When completing this form on behalf of a Business/Company or other ABN registered organisation, please return this form with either a **bank statement**, **bank letter** or a **pre-printed bank deposit slip**, which includes the name, bank and account details.

Bank account details

Financial institution

Payee account name

BSB (6 digits)

Bank account number

Declaration

By signing below, I/we understand that Claims X will use the information included on this form for processing payment/s in to the nominated account. I/we agree that the information provided is accurate and complete, and confirm I/we accept responsibility should any payment be misdirected or delayed due to inaccurate or incomplete information.

Signature:

Name:

Date:

Please check that this form has been completed in full. Errors and omissions may cause delays to settlement or misdirected funds.

Privacy Statement

When we collect, use and store information, we comply with the Privacy Act 1998 (Cth) and the Australian Privacy Principles. We may use and share the information collected on this form for the purposes of completing payment. By completing this form, you consent to the collection, use and storage of information provided by you to us. If you require more information about our Privacy Policy, please refer to our website.

Copyright © 2024 Claims X Pty Ltd.