

Direct credit authority

The following information is required for EFT purposes. If not filling out this form electronically, please print all details.

Note: If you are legally represented and your solicitor uses an existing form or letter for EFT notification, Victims Services will accept the solicitor's notification instead of this form.

Applicant details

Name Debtor No. ID
Phone Email

Account details *(as shown on your bank statement)*

Name of financial institution Postcode
Branch address
BSB — Account No.
Account name

(Detail required is the personal account name and not the account type or product name)

I hereby direct all amounts payable to me, to be deposited to the above bank account.

Your signature Date *(dd/mm/yyyy)*

Where to send this form

Completed forms may be returned to:

Post Restitution Section, Victims Services, Locked Bag 5118, Parramatta 2124 NSW

Fax (02) 8688 9632

Email vs@justice.nsw.gov.au

Electronically Fill out the form, save it and press the submit button below to email the form to Victims Services.

For further information, phone: 1800 633 063