

## Electronic funds transfer (EFT) form

This form is for medical, allied health, return to work service providers and RISE employers.

### Provider/RISE employer details

Provider name	
RISE employer name (if applicable)	
ReturnToWorkSA provider no.	
ABN	
Postal address	Postcode
Phone	Fax
Remittance email address	

### Account details

Payments can only be made to a bank, building society or credit union account held in the provider's name (and maintained by the provider) either solely or jointly with another person or organisation.

Bank BSB number	Bank account number
Bank name	
Bank account name	

### Commencement

This advice relates to the payment of accounts rendered for the provision of services to workers in accordance with the *Return to Work Act 2014*.

This advice is to take effect from a date to be determined by ReturnToWorkSA.

It replaces all former advice provided to ReturnToWorkSA and/or its Agents regarding payments to be made.

Authorised person (Print name)	Signature
Authorised person's title	Date ___ / ___ / ____

INTERNAL USE ONLY	Date entered	Authorised
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### Please complete this form and send to:

ReturnToWorkSA  
GPO Box 2668  
South Australia 5000

Phone: 13 18 55  
Fax: 08 8238 5690  
Email: prov.main@rtwsa.com  
Website: www.rtwsa.com

To contact ReturnToWorkSA in a language other than English, please ring the Interpreting and Translating Centre on 1800 280 203 and ask them to contact us on 13 18 55.

#### **This interpreting service is available at no cost to you.**

If you need any information in braille, audio, e-text or large print, please call us on 13 18 55 and we will do our best to help you.

If you are deaf or have a hearing or speech impairment you can call ReturnToWorkSA through the National Relay Service (NRS):

- TTY users can phone 13 36 77 then ask for 13 18 55.
- Speak & Listen (speech-to-speech) users can phone 1300 555 727 then ask for 13 18 55.
- Internet relay users can connect to NRS on [www.relayservice.com.au](http://www.relayservice.com.au) then ask for 13 18 55.