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CLAIM NUMBER _____

Application for Direct Deposit-of Payments

Claimant Name

FORM H

Your payments will be deposited direct into your nominated Bank, Building Society or Credit Union account.

Please provide your Account details and return this form to the Motor Accidents Insurance Board ensuring that the details provided are correct.

Incorrect information will cause delays to your payments.

Nominated Account Details

Note: Deposits will be made to your primary account only.

Claimant/Parent/Guardian Surname (Name shown on invoice)
Given Names

Date of Birth

Street Address

State Postcode

Postal Address

State Postcode

Name of Bank, Building Society or Credit Union into which funds are to be deposited.
Branch where account is held

Branch/BSB Number (6 Digits) (not account number)

Account Number

Account held in the name(s) of

Contact Details
 () Work Telephone Number () Home Telephone Number
 () Mobile Telephone Number () Facsimile Number

E-mail Address

EFT payment remittance to be sent to. E-mail Address Facsimile Number Postal Address
(Please Tick)

Signature of Nominated Signatories

Dated

OFFICE USE ONLY Processed By