



Electronic Funds Transfer (EFT) Authority Form

Salary Continuance Insurance (SCI)/ Income Protection (IP)

This form is to be completed by the Member. Should your claim be admitted by AIA Australia, we will pay your SCI/IP benefits directly into your nominated bank account. AIA Australia will keep your account details confidential. We will make reasonable efforts to ensure that the information is secure and is only disclosed to the parties for the main purpose for which the information was collected. For information on AIA Australia Privacy Statement, please see the Privacy Statement that accompanied your Claim Form.

Member Name

Fund Member No.

Bank Name

Branch Name

BSB Number

 -

Account Number

Account Name

Signed

Dated

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Please return this form with your initial claim documentation.