



APPLICATION FOR EFT PAYMENTS

Fund details

Fund: Construction Income Protection Limited
Administration unit: The QLD Branch

Employer details

Please help us to provide an improved service by amending any details which are incorrect or missing.

Employer number: _____
Employer name: _____
Contact name: _____
Employer address: _____

Employer phone number: _____
Employer fax number: _____

Employer bank account details

Please complete to enable us to track down delayed or missing payments.

Bank name: _____
Bank address: _____

Bank account name: _____
Bank BSB code: _____
Bank account number: _____

Terms and conditions of use

By completing the employer authorisation section below, you agree to the following:

- You will use your CIP Ltd employer number each time you make a CIP Ltd contribution payment directly into the CIP Ltd bank account via EFT.
- You will only use the CIP Ltd [Fund short name] bank account to make EFT payments into.

Employer authorisation

Please complete.

Applicant's name: _____
Applicant's title: _____
Applicant's signature: _____
Date of application: _____