

Electronic Funds Transfer Form

Application For Direct Credit Remittances

I / We hereby authorise that all future payments be made via Electronic Funds Transfer to the following bank account:

Client Details

Name

REF

Address

Country

Phone Number

ABN

GST

Notification of Transfer of Fund

Official notification of transfer of funds will be made via your email or fax. If you do not have either an email or fax, then this notification will be posted to you.

Email Address

Fax Number

Bank Details

BSB Number

Bank Account Number

Name of Bank Account

Bank Name

Address of the Bank

Conditions of this agreement:

I / We will be responsible for notifying Injurynet Australia Pty. Ltd. t/a MAX Health in writing of any changes in the above particulars. Until receipt of such notifications, Injurynet Australia Pty. Ltd. t/a MAX Health shall process all payments in accordance with the above particulars.

I / We warrant that the bank account details so provided are not false and comply with all applicable laws. Injurynet Australia Pty. Ltd. t/a MAX Health has the right to accept the authority of the undersigned as conclusive evidence of that

person's authority to execute this agreement on behalf of the supplier. Injurynet Australia Pty. Ltd. t/a MAX Health is under no obligation to verify the authority of the undersigned on the Bank Account details.

I / We acknowledge that it is not practicable for Injurynet Australia Pty. Ltd. t/a MAX Health to keep banking details confidential, to the extent that these will be available to Injurynet Australia Pty. Ltd. t/a MAX Health in carrying out their normal duties in paying creditor accounts.

Injurynet Australia Pty. Ltd. t/a MAX Health will not be responsible for any delays in the payment or errors due to factors outside the reasonable control of Injurynet Australia Pty. Ltd. t/a MAX Health (including but not limited to delays and errors in the banking system).

Injurynet Australia Pty. Ltd. t/a MAX Health reserves the right at any time to terminate or suspend this direct credit payment method and to pay by cheque or any other manner which Injurynet Australia Pty. Ltd. t/a MAX Health may determine.

Signature _____

Name _____

Date _____

Every person. Every chance.

max.
HEALTH