



# BANK DETAILS FORM

## AUTHORISATION FOR PAYMENT BY ELECTRONIC FUNDS TRANSFER

Wellnz will pay by direct credit into your bank account. Please complete the form below.

**You need to print / save the form as a PDF.**

To ensure timely processing, email the completed form directly to: [Wellnz.NZPBankValidation@mmc.com](mailto:Wellnz.NZPBankValidation@mmc.com) (this is a secure Wellnz customer inbox).

If the form is not received via this email address, a staff member will call you to verify the details over the phone. Please be aware this may slow the process.

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Individual/Organisation Name: .....

Address: .....  
.....

Telephone Number: .....

Email Address (required): .....

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Payee Account Name: .....

Bank Name: .....

Bank Address: .....

Bank Account Number: .....

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I hereby authorise payment to the above bank account details:

**Signature:** ..... **Name (print):** .....

**Position (if applicable):** ..... **Date:** .....

**Please print / save as a PDF document and email direct to: [Wellnz.NZPBankValidation@mmc.com](mailto:Wellnz.NZPBankValidation@mmc.com)**