

Bank account details

All payments are made through Electronic Funds Transfer (EFT) and **cannot** be made into credit card, loan or mortgage accounts.

- 11** The following account details are to be used for the providers listed below, effective from

Name of bank, building society or credit union

Branch where the account is held

Branch number (BSB)

Account number (this may not be the card number)

Account held in the name(s) of

- 12** If you use Medicare Easyclaim, provide the name of the financial institution that supplied your Medicare Easyclaim EFTPOS terminal.

- 13** What type of online transactions do you want paid to this account?

Tick ALL that apply

Medicare bulk bill/Department of Veterans' Affairs claims

Australian Immunisation Register claims

Privacy notice

- 14** Your personal information is protected by law (including the *Privacy Act 1988*) and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.

Your information may be used by the department, or given to other parties where you have agreed to that, or where it is required or authorised by law (including for the purpose of research or conducting investigations).

You can get more information about the way in which the department will manage your personal information, including our privacy policy, at humanservices.gov.au/privacy

Payee provider(s) declaration

- 15** I/We declare that:

- the information I/we have provided in this form is complete and correct.

I/We understand that:

- giving false or misleading information is a serious offence.

I/We undertake to:

- immediately notify my pay group(s) and third party payee(s) of any current and/or future Notice(s) issued on behalf of the Australian Government Department of Human Services to garnish or intercept payments due to me or my provider number(s).

Provider 1

Provider number

Provider's full name

Provider's signature

Provider 2

Provider number

Provider's full name

Provider's signature

Provider 3

Provider number

Provider's full name

Provider's signature

Provider 4

Provider number

Provider's full name

Provider's signature

Provider 5

Provider number

Provider's full name

Provider's signature

Provider 6

Provider number

Provider's full name

Provider's signature