



Application to add or change Approved Care Service's bank details (AC015)

When to use this form

Use this form if you want to add or change bank details for Approved Residential Aged Care Services (Residential), Home Care services or Transition Care (TC) services or Short-Term Restorative Care (STRC) services.

A separate form is required for each Aged Care Service: Residential, Home Care and TC service and STRC.

This authorisation replaces all preceding authorisations and previous forms.

This form must be signed by 2 key personnel or the Approved Provider (for a sole Director Company).

For more information

For more information about Aged Care, go to servicesaustralia.gov.au/healthprofessionals or for assistance completing this form, call **1800 195 206** Monday to Friday, 9 am to 5 pm, Australian Eastern Standard Time.

Call charges may apply.

Filling in this form

You can fill this form digitally in some browsers, or you can open it in Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader, you can print this form and complete it.

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.

Approved provider's details

1 Approved provider's name

2 Service name

3 Service address

 Postcode

4 Service ID (NAPS ID)

5 Type of care

Tick one only

Residential

Home care

Transition Care

Short-term restorative care



MCA0AC015 2306

Bank account details

6 Indicate if you are adding or changing your bank details.

Tick one only

Add

Change

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

Name of bank, building society or credit union

Branch number (BSB)

Account number (this may not be the card number)

Account held in the name(s) of

Privacy notice

8 The privacy and security of your personal information is important to us, and is protected by law. We collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacypolicy

Declaration

9 I/We declare that:

- I/We am/are key personnel of the Aged Care Service or the Approved Provider and I/We have the authority to sign this document.
- the information provided in this form is complete and correct.

I/We understand that:

- giving false or misleading information is a serious offence.

Authorised person/Approved provider 1

Authorised person's/Approved provider's full name

Position held

Phone number (including area code)

Authorised person's signature



Date (DD MM YYYY)

Authorised person/Approved provider 2

Authorised person's/Approved provider's full name

Position held

Phone number (including area code)

Authorised person's signature



Date (DD MM YYYY)

Returning this form

This form will be returned if it is incomplete. Return this form and any supporting documents by:

- **email to aged.care.liaison@servicesaustralia.gov.au**
There may be risks with sending personal information through unsecured networks or email channels.
- post to
Services Australia
Aged Care Payments Team
PO Box 7854
CANBERRA BC ACT 2610