



Application to add or change a registered provider's bank details (AC015)

Completing this task online is faster and easier

Your organisation administrator can go online using the Aged Care Provider Portal to:

- add or change bank details
- upload this form.

Go to servicesaustralia.gov.au/agedcareportal

When to use this form

Use this form to add or change bank account details for approved aged care services – residential, Support at Home services and transition care services.

A separate form is required for each care type.

This authorisation replaces previous authorisations and forms.

This form must be completed and signed by:

- the registered provider for a sole director company
- 2 key personnel for a service administered by a board on behalf of the registered provider.

For more information

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

Filling in this form

You can complete this form on your computer using Adobe Acrobat Reader, or you can print it.

For help on how to fill in our forms, go to servicesaustralia.gov.au/formhelp

If you have a printed form:

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

Registered provider's details

1 Registered provider's name

2 Service name

3 Service address

 Postcode

4 Service ID (NAPS ID)

5 Type of care

Tick one only

- Residential
- Support at Home
- Transition care



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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 **Tick one only**

Are you:

the registered provider for a sole director company

complete question 10 **provider 1**

key personnel for a service administered by a board on behalf of the registered provider

complete question 10 **provider 1 and provider 2** (2 key personnel signatures required)

10 I/We declare that:

- I am/we are key personnel of the aged care service or the registered 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 or registered provider 1

Authorised person's or registered provider's full name

Position held

Phone number (including area code)

Authorised person's signature

Date (DD MM YYYY)

Authorised person or registered provider 2

Authorised person's or registered provider's full name

Position held

Phone number (including area code)

Authorised person's signature

Date (DD MM YYYY)

Returning this form

You must complete all applicable fields. Incomplete forms will not be accepted.

Return this form and any supporting documents **online**, using the Aged Care Provider Portal. For more information go to hpe.servicesaustralia.gov.au/INFO/ACPP/ACPPM06INF05.pdf