



# 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](http://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 complete this form on your computer, print and sign 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

5 Type of care

**Tick one only**

Residential

Home care

TC

STRC

6 Australian Business Number (ABN)

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## Bank account details

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

**Tick one only**

Add

Change

8 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

9 Your privacy and security of your personal information is important to Services Australia, and is protected by law. Services Australia collects this information to provide payments and services. Services Australia only shares 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/privacy](http://servicesaustralia.gov.au/privacy)

## Declaration

10 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
<input type="text"/>
Position held
<input type="text"/>
Phone number
( <input type="text"/> ) <input type="text"/>
Authorised person's signature
<input type="text"/>
Date
<input type="text"/> / <input type="text"/> / <input type="text"/>

### Authorised person/Approved provider 2

Authorised person's/Approved provider's full name
<input type="text"/>
Position held
<input type="text"/>
Phone number
( <input type="text"/> ) <input type="text"/>
Authorised person's signature
<input type="text"/>
Date
<input type="text"/> / <input type="text"/> / <input type="text"/>

## Returning this form

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

- **scan and email to:**  
**[aged.care.liaison@servicesaustralia.gov.au](mailto:aged.care.liaison@servicesaustralia.gov.au)**  
There may be risks with sending personal information through unsecured networks or email channels.
- **by post to:**  
Services Australia  
Aged Care Payments team  
GPO Box 9923  
SYDNEY NSW 2001

### Office use only

Entered by	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Verified by	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>