

Australian Immunisation Register Bank account details for vaccination providers

Purpose of this form

Use this form to record your bank account details for the purpose of receiving Australian Immunisation Register (AIR) payments.

If payments are to be made into different bank accounts for some practice locations, complete and send an additional copy of this form.

If you have payments to be made into the same bank account for more than 3 practice locations, attach a separate sheet with the additional Medicare provider/AIR registration number, phone and fax details.

Any changes or amendments to this form must be initialled by the signatory.

Filling in this form

- Please use black or blue pen
- Print in BLOCK LETTERS

Returning your form

Check that all required questions are answered and that the form is signed and dated.

Send the completed form to:

**Services Australia
Australian Immunisation Register
PO Box 7852
Canberra ACT 2610**

or

Fax: **08 9254 4810**

For more information

Go to servicesaustralia.gov.au/hpair or call **1800 653 809** Monday to Friday, between 8.00 am and 5.00 pm, local time.

Note: Call charges may apply.

Vaccination provider details

1 Individual or organisation name

2 Include all Medicare provider/AIR registration numbers you would like linked to the nominated bank account

Location 1

Medicare provider/AIR registration number

Daytime phone number

Fax number

Location 2

Medicare provider/AIR registration number

Daytime phone number

Fax number

Location 3

Medicare provider/AIR registration number

Daytime phone number

Fax number

Bank account details

All payments are made through Electronic Funds Transfer (EFT). Payments cannot be made via EFT if the nominated account has restrictions on EFT deposits.

3 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 (limit to 30 characters)

Privacy notice

- 4** The privacy and security of your personal information is important to Services Australia, and is protected by law. We need to 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/privacy

Declaration

5 I declare that:

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

I authorise:

- Services Australia to direct all payments relating to the Australian Immunisation Register for the locations indicated on this form to the nominated bank account.

I understand that:

- giving false or misleading information is a serious offence.

Provider's full name

Provider's signature

Date