

Purpose of this form

Use this form to register and store your bank account details with Services Australia.

We will use these details for all Medicare payments where you are the person who paid for the service. Other people listed on your Medicare card (aged 14 years and over) can use this form when consenting to use your bank account for their Medicare payments, where that person paid for the service.

For more information

For more information, go to our website servicesaustralia.gov.au/online or call **132 011**.

Note: Call charges apply – calls from mobile phones may be charged at a higher rate.

Filling in this form

- Please use black or blue pen
- Print in BLOCK LETTERS
- Mark boxes like this with a ✓ or X

Returning your form

Send your completed form to:

**Services Australia
Medicare
GPO Box 9822**
in your capital city

or visit one of our service centres.

Your details

1 Medicare card number - - Ref no.

2 Dr Mr Mrs Miss Ms Other

Family name

First given name

3 Date of birth / /

4 Postal address

 Postcode

5 Daytime phone number ()

Email

Bank account details

6 All Medicare benefits are paid through Electronic Funds Transfer (EFT). Payments **cannot** be made via EFT if the nominated account has restrictions on EFT deposits.
Do not include an account used exclusively for funding from the National Disability Insurance Scheme.

Name of bank, building society or credit union

Branch where the account is held

Branch number (BSB)

Account number (this may not be your card number)

Account held in the name(s) of

Consent to nominate your bank account

7 Only complete this section if other people listed on your Medicare card (aged 14 years and over) agree to use your bank account for their Medicare payments, where they are the person who paid for the service.

I authorise for payments to be made into the nominated bank account.

Full name of person 1

Signature of person 1 Date / /

Full name of person 2

Signature of person 2 Date / /

If there are more than 2 other people, provide a separate sheet with their details and signatures.

Privacy notice

8 Your personal information is protected by law, including the *Privacy Act 1988*, and is collected by Services Australia 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 Medicare or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law.

You can get more information about the way in which Medicare will manage your personal information, including our privacy policy, at servicesaustralia.gov.au/privacy or by requesting a copy from Medicare.

Medicare card holder's declaration

- 9 I declare that:**
- I will inform Medicare without delay of changes to my bank account details.
 - the information I have provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.

Signature Date / /