

Notification of bank account details for Remote Area Aboriginal Health Services program payments (PB019)

When to use this form

Use this form if you are registering bank account details for an approved community pharmacy or hospital for Remote Area Aboriginal Health Services (RAAHS) PBS medicine reimbursement payments under section 100 of the *National Health Act 1953*.

This form should also be used to notify Services Australia of any changes to the pharmacy's bank account details.

Services Australia must be notified in writing, to the address in the **Returning your form** section below, of changes to bank account details. You will need to **allow 9 working days** for the change to take effect.

For more information

Go to servicesaustralia.gov.au/healthprofessionals and search for **Approved Community Pharmacy** or if you need assistance completing this form, call **02 6143 8008** local 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.
- Where you see a box like this **Go to 1** skip to the question number shown.

Returning this form

Return the completed form by post to:

Services Australia
Pharmaceutical Benefits Branch
Aboriginal Health Services Program
Reply paid 7788
CANBERRA BC ACT 2610

Community pharmacy details

1 Community pharmacy trading name

2 Community pharmacy approval number

3 Postal Address

 Postcode

4 Daytime phone number

Contact person's details

The contact person is anyone authorised by the owner(s) to contact us for enquiries. This person does not have the authority to change bank account details.

5 Dr Mr Mrs Miss Ms Other

Family name

First given name

Second given name

6 Daytime phone number

Fax number

Email

Community pharmacy bank account details

7 I would like to:

Tick one only

Register new bank account details **Complete questions 8, 10 and 11**

Change bank account details **Complete questions 8, 9, 10 and 11**

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

8 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

9 If notifying us of a change to bank account details, record the old bank account details below.

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

10 The privacy and security of your personal information is important to Services Australia, and is protected by law. Services Australia needs to collect this information so we can process and manage your applications and payments, and provide services to you. 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

Declaration

This declaration must be signed by all approved persons. Approved persons are the owners of the pharmacy.

11 I/we authorise:

- payments to be made into the nominated bank account.

I/we declare that:

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

I/we understand that:

- giving false or misleading information is a serious offence.

Approved person 1

Full name

Signature

Daytime phone number

Date

Approved person 2

Full name

Signature

Daytime phone number

Date

Approved person 3

Full name

Signature

Daytime phone number

Date

If you need more space, provide a separate sheet with details.