



**When to use this form**

Use this form if you would like us to register and store your bank account details for the purpose of making Medicare payments to you. We cannot record bank account details for children under 14 years of age.

You can also register your bank account details:

- by calling 132 011. **Note:** Calls from mobile phones may be charged at a higher rate
- in person at your local Service Centre
- online at [humanservices.gov.au/online](http://humanservices.gov.au/online)

**For more information**

For more information go to our website [humanservices.gov.au/online](http://humanservices.gov.au/online) or call 132 011.

**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 the completed form to:

Department of Human Services

GPO Box 9822

in your capital city

or place in the drop box at your Service Centre.

**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

-----  
@

**6** Other people aged 14 years and over on this Medicare card who will use this bank account for their Medicare payments.

Name	Ref no.
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

If additional people need to be listed, attach a separate sheet with their names, reference numbers, signatures and the date.

**Bank account details**

Medicare benefits cannot be paid via EFT if the nominated account has restrictions on EFT deposits, or is a credit card or overseas account.

Please ensure the bank account details supplied are accurate to ensure benefits are paid to you.

**7** Name of bank, building society or credit union

Branch where your account is held

Branch number (BSB)

-

Account number (this may not be your card number)

Account held in the name(s) of

**Consent**

**8** People aged 14 years and over must sign to give their consent for Medicare payments to go into this account.

Signature

Date  /  /

Signature

Date  /  /

**Declaration**

**9** I declare that:

- I will inform the Australian Government Department of Human Services without delay of changes to my bank account details
- the information on this form and any attached sheets is true and correct.

Signature

Date  /  /

**Privacy and your personal information**

Your personal information is protected by law, including the *Privacy Act 1988*, and is collected for a Social Security, Family Assistance, Medicare, Child Support and CRS purpose, depending on the service or payment concerned. This information may be required by law or collected voluntarily when you apply for services or payments.

Your information is used for the assessment and administration of payments and services and may also be used within Human Services, or disclosed to other parties or agencies, where you have provided consent or it is required or authorised by law.

You can get more information about privacy by going to our website [humanservices.gov.au/privacy](http://humanservices.gov.au/privacy) or requesting a copy of the full privacy policy at one of our Service Centres.

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## Your details

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Ref no.

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# Bank Account Details Collection

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Date

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- I will inform the Australian Government Department of Human Services without delay of changes to my bank account details
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Date

## // Privacy and your personal information

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