



Australian Government

Comcare

PUTTING YOU *FIRST*

# REQUEST TO CHANGE BANK ACCOUNT AND/OR PERSONAL DETAILS

If the details Comcare has on your claim are incorrect or out of date complete the top section of this form (Claimant's personal details) and the section that relates directly to the details you consider to be incorrect.

If the details Comcare has on your claim are correct then ignore this correspondence.

Please change the following:  contact details  bank account details  telephone numbers

## CLAIMANT'S PERSONAL DETAILS

Title (Mr/Ms/Miss/Other)  Surname

Given name(s)

Comcare claim number  /  Date of birth  /  /

AGS number (optional)

## SECTION 1—CONTACT DETAILS

Actual address

Postcode

Postal address

Postcode

Telephone numbers Home (  )  Work (  )

Mobile

Signature  Date  /  /

*(Claimants signature ONLY)*

**SECTION 2—BANK ACCOUNT DETAILS (If changing your bank account details you must also complete Section 1)**

Name of financial institution

Branch location

BSB  Account no

Name(s) on the accounts

Signature  Date  /  /

*(Claimants signature ONLY)*

**SUBMIT COMPLETED FORM**

BY post to:  
Comcare—BPT Team  
GPO Box 9905  
CANBERRA ACT 2601

OFFICE USE ONLY—BPT		
Section 1 details actioned	<input type="text"/> / <input type="text"/> / <input type="text"/>	Initials <input type="text"/>
Section 2 details actioned	<input type="text"/> / <input type="text"/> / <input type="text"/>	Initials <input type="text"/>
CSO/Xpay notified	<input type="text"/> / <input type="text"/> / <input type="text"/>	Initials <input type="text"/>