



## Electronic Funds Transfer Request for Providers

Please use this form if you want Comcare to arrange for your payments to be paid by EFT directly into a bank account.

**Provider/business name**

**Provider/business ABN**

**Address**

**Postal address**

**Email address**

**Telephone No.**

**Fax No.**

**Name of your bank  
or financial institution**

**Branch address**

**Account name/s**

**BSB No.**

**Account No.**

### Declaration

By signing this form, I certify that:

- a) I have authority to provide this information on behalf of the person or business named
- b) I am authorising Comcare to make payments direct into the nominated bank account and that the bank details I have provided are correct
- c) the email address provided may be used by Comcare to send electronic remittance advices.

Signature \_\_\_\_\_

Printed name \_\_\_\_\_ Date signed \_\_\_\_\_

### Please send your completed form to:

Comcare  
Benefits Payments Team  
GPO Box 9905  
Canberra ACT 2601

### Comcare use only

Name \_\_\_\_\_

ABN search  Provider number  Details checked

Authorised \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Note: If your EFT payment fails, all your subsequent payments will be made by cheque, until Comcare receives your correct bank details.

**Further information:** If you need assistance, please call Comcare's Benefits Payments Team on 1300 366 979.