



## Electronic Funds Transfer (EFT)—request for providers

	Please use this form to arrange for your payments to be paid by EFT directly into a bank account.	
<b>Provider/business name</b>		
<b>Provider/business ABN</b>		
<b>Medicare provider number (if applicable)</b>		
<b>Business address</b>		
<b>Postal address</b>		
<b>Email address</b>		
<b>Telephone No.</b>		<b>Fax No.</b>
<b>Name of your bank or financial institution</b>		
<b>Branch address</b>		
<b>BSB No.</b>		<b>Account No.</b>
<b>Name of account holder/s</b>		

### Privacy information

Your privacy is important to us. For information about how we handle your personal information, please visit [www.comcare.gov.au/privacy](http://www.comcare.gov.au/privacy) or contact us on 1300 366 979 and request a copy of our Privacy Policy.

### 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 directly 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.

I have read and agree with this declaration.

Name \_\_\_\_\_ Date signed \_\_\_\_\_

### Please send your completed form to Comcare by:

Email: [general.enquiries@comcare.gov.au](mailto:general.enquiries@comcare.gov.au)  
Mail: GPO Box 9905  
Canberra ACT 2601  
Australia

Note: If your EFT payment fails, your payments will be held until Comcare receives your correct bank details.

**Further information:** If you need assistance, please call Comcare on 1300 366 979.