



Electronic Funds Transfer Request for Department/Agency

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

Department name	<input type="text"/>	
Department ABN	<input type="text"/>	
Address	<input type="text"/>	
Postal address	<input type="text"/>	
Email address	<input type="text"/>	
Telephone No.	<input type="text"/>	Fax No. <input type="text"/>
Name of your bank or financial institution	<input type="text"/>	
Branch address	<input type="text"/>	
Account name/s	<input type="text"/>	
BSB No.	<input type="text"/>	Account No. <input type="text"/>

Declaration

- 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.

I have read and agree with this declaration.

Name _____ Date ____/____/____

Comcare use only
Name _____
ABN search <input type="checkbox"/> Provider number <input type="checkbox"/> Details checked <input type="checkbox"/>
Authorised _____ Date ____/____/____

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's Stakeholder Support and Innovation on 1300 366 979.

Please return form to: general.enquiries@comcare.gov.au