



## Payment account details for immunisation providers

**Note:** these details will be used in making Service Incentive Payments and payment for notification of information to the Australian Childhood Immunisation Register (the ACIR). All payments will be made to the bank account nominated on this form.

If you wish payments in respect of some practice locations to be made to a different bank account, you should complete an additional form.

### Immunisation provider details (Individual or Organisation Name)

Name

Location details: Include all your Provider Numbers which you wish to be linked to the bank account below. If there is insufficient space, please attach a separate list.

Provider number	<input type="text"/>	Phone number	<input type="text"/>	Fax number	<input type="text"/>
Provider number	<input type="text"/>	Phone number	<input type="text"/>	Fax number	<input type="text"/>
Provider number	<input type="text"/>	Phone number	<input type="text"/>	Fax number	<input type="text"/>

**Note:** Practice phone number needs to be supplied in case further information is required.

### Bank details for electronic funds transfer

These details identify where payment for notification of information to the ACIR and Service Incentive Payments will be directed in relation to the above listed provider numbers.

Account name

Account number  BSB number

Bank/institution

Address of branch

Postcode

### Declaration

I hereby authorise Medicare Australia to direct all payments, relating to the notification of information to the ACIR and Service Incentive Payments, for the locations indicated by the provider numbers listed on this form, to the above named bank account.

I declare that, to the best of my knowledge, all information provided is true and correct.

Provider name (please print)

Signature  Date  /  /

**Please mail the completed form to Medicare Australia, GPO BOX M933, Perth WA 6843 or fax (08) 9254 4810**

**For additional information or enquiries about the ACIR, call 1800 653 809**

**Privacy note:** The information provided by you on this form will be used by the Australian Childhood Immunisation Register to identify your nominated bank details for the purpose of making electronic payments (where applicable) by the Immunisation Register. Its collection is authorised by law. Details of your bank account will be disclosed to the relevant bank institutions to facilitate payment of your claim.

**Office use only**

Date processed	Operator number	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>