



Electronic Funds Transfer (EFT) details collection

Important information

Complete this form if you would like Medicare Australia to store your financial institution details for the purpose of making Medicare Australia payments to you.

Assistance

If you need assistance in completing this form call Medicare Australia on **132 011*** or visit **www.medicareaustralia.gov.au**

Lodgment

Send the completed and signed form to:

Medicare Australia

GPO Box 9822

in your capital city

or visit your local Medicare office.

*** Call charges apply**

Your details

1 Medicare number

Dr Mr Mrs Miss Ms

Other (please specify)

2 Family name

First given name

Other given names

3 Date of birth

4 Postal address

<input type="text"/>
<input type="text"/>
<input type="text"/>

Postcode

5 Phone

Email

<input type="text"/>
<input type="text"/>

Financial institution account details

6 Name of bank, building society or credit union

Branch where your account is held

7 BSB

Account number (this may not be your card number)

8 Account held in the name(s) of

9 I declare that:

- the details on this form are correct.
- I agree to inform Medicare Australia without delay, of changes to my financial institution details.

Signature

Date

Privacy note

The collection of this information is authorised by the *Medicare Australia Act 1973* and may be disclosed to the relevant financial institution for the purposes of facilitating electronic payments to you from programs administered by Medicare Australia. Your bank account details will not be disclosed to any other third party unless you consent, or where authorised or required by law.