



Application to add or change Approved Care Service's bank details

Purpose of this form

Use this form if you want to add or change bank details for Approved Residential Aged Care Services (Residential), Home Care services or Transition Care (TC) services or Short-Term Restorative Care (STRC) services.

A separate form is required for each Aged Care Service: Residential, Home Care and TC service and STRC.

This authorisation replaces all preceding authorisations and previous forms.

This form must be signed by 2 key personnel or the Approved Provider (for a sole Director Company).

For more information

For more information about Aged Care, go to humanservices.gov.au/healthprofessionals or for assistance completing this form call **1800 195 206** Monday to Friday, between 9.00 am and 5.00 pm, Australian Eastern Standard Time.

Note: Call charges apply from mobile phones.

Filling in this form

- Please use black or blue pen
- Print in BLOCK LETTERS
- Mark boxes like this with a ✓ or ✗

Returning your form

Check that all questions are answered and that the form is signed and dated. This form will be returned if it is incomplete.

Send the completed form by:

Scan and email to:

aged.care.liaison@humanservices.gov.au

or

Fax:

02 9895 3031

or

Post:

**Department of Human Services
 Aged Care Payments
 GPO Box 9923
 SYDNEY NSW 2001**

Approved provider's details

1 Approved provider's name

2 Service name

3 Service address

Postcode

4 Service ID

5 Type of care

Mark ONE only

Residential

Home care

TC

STRC

6 Australian Business Number (ABN)

Bank account details

7 Indicate if you are adding or changing your bank details.

Mark ONE only

Add

Change

8 All payments are made through Electronic Funds Transfer (EFT) and **cannot** be made into credit card, loan or mortgage accounts.

Name of bank, building society or credit union

Branch where the account is held

Branch number (BSB)

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Account number (this may not be the card number)

Account held in the name(s) of

Privacy notice

- 9** Your personal information is protected by law (including the *Privacy Act 1988*) and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services.

Your information may be used by the Department, or given to other parties: where you have agreed to that; or where it is required or authorised by law (including for the purpose of research or conducting investigations).

You can get more information about the way in which the Department of Human Services will manage your personal information, including our privacy policy, at humanservices.gov.au/privacy

Declaration

10 I/We declare that:

- I/We am/are key personnel of the Aged Care Service or the Approved Provider and I/We have the authority to sign this document.
- the information provided in this form is complete and correct.

I/We understand that:

- giving false or misleading information is a serious offence.

Authorised person/Approved provider 1

Authorised person's/Approved provider's full name
<input type="text"/>
Position held
<input type="text"/>
Phone number
(<input type="text"/>) <input type="text"/>
Authorised person's signature
<input type="text"/>
Date
<input type="text"/> / <input type="text"/> / <input type="text"/>

Authorised person/Approved provider 2

Authorised person's/Approved provider's full name
<input type="text"/>
Position held
<input type="text"/>
Phone number
(<input type="text"/>) <input type="text"/>
Authorised person's signature
<input type="text"/>
Date
<input type="text"/> / <input type="text"/> / <input type="text"/>

Office use only

Entered by

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

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