

Hospital authority bank account details

9 I would like to:

Tick **ONE** only

Register new bank account details **Go to 11**

Change bank account details **Go to next question**

10 If notifying the department of a change to bank account details, record the old bank account details below.

Name of bank, building society or credit union

Branch number (BSB)

Account number (this may not be the card number)

Account held in the name(s) of

11 Register new bank account details below.

Name of bank, building society or credit union

Branch number (BSB)

Account number (this may not be the card number)

Account held in the name(s) of

All payments are made through Electronic Funds Transfer (EFT). Payments **cannot** be made via EFT if the nominated account has restrictions on EFT deposits.

Declaration

12 I authorise:

- payments to be made into the approved hospital authority's bank account.

I declare that:

- I am authorised to provide these details on behalf of the hospital authority.
- the information I have provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.

Name

Signature

Date

Position held

Contact phone number