

**Purpose of this form**

Use this form to register and store your bank account details with Medicare. We will use these details for all Medicare payments where you are the claimant (the person who paid for the service). Other people listed on your Medicare card (aged 14 years and over) can use this form when consenting to use your bank account for their Medicare payments, where they are the claimant.

For more information or other options to register your bank account details:

- go to **humanservices.gov.au/online**
- call **132 011** (Note: Call charges apply – calls from mobile phones may be charged at a higher rate)
- visit your local Medicare Service Centre.

**Filling in this form**

Please use black or blue pen. Print in **BLOCK LETTERS**.  
Mark boxes like this  with a ✓ or X

**Returning your form**

Send the completed form to:  
**Department of Human Services**  
**GPO Box 9822**  
in your capital city

or place in the drop box at your local Medicare Service Centre.

**Privacy notice**

Your personal information is protected by law, including the *Privacy Act 1988*, and is collected for a Social Security, Family Assistance, Medicare, Child Support and CRS purpose, depending on the service or payment concerned.  
This information may be required by law or collected voluntarily when you apply for services or payments. Your information is used for the assessment and administration of payments and services and may also be used within Human Services, or disclosed to other parties or agencies, where you have provided consent or it is required or authorised by law.  
You can get more information about privacy by going to our website **humanservices.gov.au/privacy** or requesting a copy of the full privacy policy at one of our Service Centres.

**Your details**

**1** Medicare card number  
 -  -  Ref no.

**2** Dr  Mr  Mrs  Miss  Ms  Other   
 Family name  
  
 First given name

**3** Date of birth

**4** Postal address  
  
  
 Postcode

**5** Daytime phone number   
 Email

**Bank account details**

**6** Medicare benefits cannot be paid via Electronic Funds Transfer (EFT) if the nominated account has restrictions on EFT deposits, is a credit card, or an overseas account.  
 We cannot record bank account details for children **under 14 years of age**.

Name of bank, building society or credit union

Branch where your account is held

Branch number (BSB)

Account number (this may not be your card number)

Account held in the name(s) of

**Consent to nominate bank account**

**7** Only complete this section if other people listed on your Medicare card (aged 14 years and over) agree to use your bank account for their Medicare payments, where they are the claimant (the person who paid for the service).

Full name of person 1


Medicare card reference number

Signature of person 1  Date

Full name of person 2

Medicare card reference number

Signature of person 2  Date

 If there are more than 2 other people, attach a separate sheet with their details and signatures.

**Medicare card holder's declaration**

**8** I declare that:

- I will inform the Australian Government Department of Human Services without delay of changes to my bank account details
- the information in this form and any attached sheets is complete and correct.

Signature  Date