Australian Government
Medicare Australia

Reset form Print form

Bank account details collection

Important information

Complete this form if you would like Medicare Australia to register and store your bank account details for the purpose of making Medicare Australia payments to you.

Medicare Australia cannot record bank account details for children under 14 years of age.

You can also register your bank account details:

- by calling **132 011** (call charges may apply)
- in person at your local Medicare office
- online at **www.medicareaustralia.gov.au/online**

Assistance

If you need help completing this form call **132 011** (call charges apply) or visit **www.medicareaustralia.gov.au**

Lodgement

Send the completed form to:
Medicare Australia
GPO Box 9822
in your capital city

or place in the drop box at your local Medicare office.

Print in BLOCK LETTERS

Tick where applicable ☑

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

@

6 Other people aged 14 years and over on this Medicare card who will use this bank account for their Medicare payments.

Name	Ref no.

Bank account details

Payments cannot be made to credit card, loan or mortgage accounts. Please ensure the bank account details supplied are accurate to ensure benefits are paid to you.

7 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

If additional people need to be listed, attach a separate sheet with their signatures.

Consent

8 People aged 14 years and over must sign to give their consent for Medicare payments to go into this account.

Signature Date / /

Signature Date / /

Signature Date / /

Declaration

9 I declare that:

- the information on this form is correct.
- I will inform Medicare Australia without delay of changes to my bank account details.

Signature Date / /

Privacy note

The information on this form will be used to register and store your bank account details for the purpose of making electronic payments to you from programs administered by Medicare Australia. Its collection is authorised by the *Medicare Australia Act 1973*. Your bank account details will be disclosed to the relevant financial institution to facilitate payments to you and will not be disclosed to any other third party unless authorised or required by law.

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