



Application to add or change approved care service's bank details (AC015)

Completing this task online is faster and easier

Your organisation administrator can go online using the Aged Care Provider Portal to:

- add or change bank details
- upload this form.

Go to servicesaustralia.gov.au/agedcareportal

When to use this form

Use this form to add or change bank account details for approved residential aged care services (residential), home care services, transition care services or short-term restorative care services.

A separate form is required for each care type.

This authorisation replaces all preceding authorisations and previous forms.

This form must be completed and signed by the approved provider for a sole provider, or 2 key personnel for a service administered by a board on behalf of the approved provider.

For more information

For more information about aged care, go to servicesaustralia.gov.au/healthprofessionals or for assistance completing this form, call **1800 195 206** Monday to Friday, 9 am to 5 pm, Australian Eastern Standard Time.

Filling in this form

You can fill this form digitally in some browsers, or you can open it in Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader, you can print this form and complete it.

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.

Approved provider's details

1 Approved provider's name

2 Service name

3 Service address

 Postcode

4 Service ID (NAPS ID)

5 Type of care

Tick one only

Residential

Home care

Transition care

Short-term restorative care



MCA0AC015 2410

Bank account details

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

Tick one only

Add

Change

7 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 number (BSB)

Account number (this may not be the card number)

Account held in the name(s) of

Privacy notice

8 The privacy and security of your personal information is important to us, and is protected by law. We collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacypolicy

Declaration

9 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

Position held

Phone number (including area code)

Authorised person's signature

Date (DD MM YYYY)

Authorised person/Approved provider 2

Authorised person's/Approved provider's full name

Position held

Phone number (including area code)

Authorised person's signature

Date (DD MM YYYY)

Returning this form

You must complete all applicable fields. Incomplete forms may be returned to you for further information.

Return this form and any supporting documents:

- **online**, using the Aged Care Provider Portal. For more information go to servicesaustralia.gov.au/agedcareportal
- by post to
Services Australia
Aged Care Payments Team
PO Box 7854
CANBERRA BC ACT 2610

If you do not have a staff member with organisation administrator access, return this form by:

- email to
aged.care.liaison@servicesaustralia.gov.au
There may be risks with sending personal information through unsecured networks or email channels.