

Bank account details

9 Have the bank account details for the organisation changed?

No **Go to 13**

Yes **Go to next question**

Payments cannot be paid into credit card, loan or mortgage accounts.

10 Name of bank, building society or credit union

Branch where the account is held

Branch number (BSB)

 -

Account number (this may not be the card number)

Account held in the name(s) of

Organisation withdrawal

11 Are you currently participating in the MHNIP but would like to withdraw your organisation from the MHNIP?

No

Yes

Declaration

12 I understand that:

- I must advise Human Services in writing of any changes to organisation arrangements within 14 calendar days
- If I do not notify Human Services of changes to organisation arrangements, payments for the MHNIP may be reduced or recovered and the organisation's eligibility for the MHNIP may be affected
- Human Services may conduct compliance audits and the organisation may be required to provide information as evidence of compliance with the MHNIP eligibility requirements and that failure to do so may result in MHNIP payments being recovered and/or future payments being suspended or ceased.

I/we declare that:

- the information on this form is correct.

Owner/partner/associate/body corporate representative one

Dr Mr Mrs Miss Ms Other

Family name

First given name

Signature

Date

Owner/partner/associate/body corporate representative two

Dr Mr Mrs Miss Ms Other

Family name

First given name

Signature

Date



If more than two additional Owner/partner/associate/body corporate representative details are required, attach a separate sheet with details.

Privacy note

The information on this form will be used to notify Human Services of a MHNIP organisation change of ownership, relocation, change of bank details, or a withdrawal and is required by Human Services to perform functions under service arrangements made under the *Human Services (Medicare) Act 1973*. Your bank account details will be disclosed to the relevant financial institution to facilitate the payment of your MHNIP payments and will not be disclosed to any other third party unless authorised or required by law. Information, including personal information, provided on this form may be disclosed to the Department of Health and Ageing, other relevant agencies or as authorised or required by law.