
4. Bank details for electronic funds transfer (EFT)

Trust account name:

Account number: BSB (branch) number:

Bank:

Note: Medicare payment times are made in accordance with the Australian Government's minimum payment times to a trust account registered with Medicare Australia.

5. Declaration

I declare that to my knowledge, all information provided on this form is true and correct. I agree to inform Medicare Australia, without delay, of changes to the billing agent's bank details, or other relevant information.

I am authorised to sign this agreement for and on behalf of the billing agent.

Signature: Date:

Name: Position:
(Please print)

Medicare Australia office use only	
Processing date:	Processed by:
Operator ID:	Source office code: