

# UPDATE PROVIDER BANK DETAILS

Use this form to update the Electronic Funds Transfer (EFT) details that you have registered with the TAC.

If you are updating details of a joint account, both signatories must sign. If you are updating details of a company or trust account, two directors must sign.

The security of your banking information is important to us. As a security measure, you must provide both the new EFT details and the EFT details we currently have recorded. You will also need to provide the details of the last payment (date and amount) made by the TAC into the previous account. We will be unable to update your bank account details without this information.

## PROVIDER DETAILS

First name

Last name

Company name (if payable to the company)

Phone number

Fax number (if applicable)

Email

Service location address

Postcode

Postal address (if different to service location)

Postcode

Medicare provider number (if applicable)

## CURRENT BANK ACCOUNT DETAILS

Name of bank or financial institution

Name/s of account holder

Name of account

BSB (6 digits required) Account number (maximum 9 digits)

Signature of account holder

Date signed

Signature of second account holder  
(if joint account)

Date signed

## NEW BANK ACCOUNT DETAILS

Name of bank or financial institution

Name/s of account holder

Name of account

BSB (6 digits required) Account number (maximum 9 digits)


Signature of account holder

Date signed

Signature of second account holder  
(if joint account)

Date signed

MOST RECENT PAYMENT	DECLARATION
<p>As a security measure, please provide details of the most recent payment you have received from the TAC.</p> <p><b>Date:</b>  <input type="text" value=" / /"/></p> <p><b>Amount:</b>  <input type="text"/></p> <p><b>Description of payment received</b>  <input type="text"/></p>	<p>I declare that the details I have provided on this form are true and correct. I understand that it is an offence under the legislation to provide false or misleading information.</p> <p><b>Signature of person submitting form</b>  <input type="text"/></p> <p><b>Printed name of person submitting form</b>  <input type="text"/></p> <p><b>Position held in the business</b>  <input type="text"/></p> <p><b>Date</b>  <input type="text" value=" / /"/></p>

 **Submitting this form**  
 Email your completed form to [info@tac.vic.gov.au](mailto:info@tac.vic.gov.au) or post to TAC, GPO Box 2751, Melbourne VIC 3001.

**PRIVACY**

The TAC will use this information in accordance with the *Privacy and Data Protection Act 2014*. Without this information we will not be able to make EFT payments to you. If you need more information about our privacy policy, please call the TAC on 1300 654 329 or visit our website at [www.tac.vic.gov.au](http://www.tac.vic.gov.au)