

PROVIDER REGISTRATION

Use this form to register as a TAC health or service provider.

Completing your bank account details allows the TAC to make payments by Electronic Funds Transfer (EFT). If you are nominating a joint account, both signatories must sign. If you are nominating a company or trust account, two directors must sign.

If you have already registered as a TAC provider and need to update your bank details, please use the [Update provider bank details form](#) on our website. To receive digital remittances, please register with [Westpac PaymentsPlus](#).

PROVIDER DETAILS

First name

Last name

Company name (if payable to the company)

ABN

Phone number

Fax number (if applicable)

Email

Service location address

Postcode

Postal address (if different to service location)

Postcode

Medicare provider number (if applicable)

Provider type (e.g. GP, physiotherapist)

Australian association name

Australian association membership number

Provider signature

Date signed

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



Submitting this form

Email your completed form to 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*. We will use this information to register you as a TAC provider for the first time. We will use your bank account details to make EFT payments to you. We may use this information to contact you, provide general TAC news and information and for reasonable secondary purposes. If you need more information about our privacy policy, please call the TAC on 1300 654 329 or visit www.tac.vic.gov.au