

# CLIENT BANK DETAILS

Use this form to provide or change bank details to receive TAC payments by Electronic Funds Transfer (EFT).

Please notify the TAC immediately if you change your bank account details.

This form is for use by TAC clients, their Authorised Representatives, or legal guardian (if the TAC client is a minor). It can also be used by VCAT appointed financial guardians/administrators of TAC clients.

## I WANT TO:

Provide my bank account details for the first time

Change my bank account details

## CLIENT DETAILS

First name

Last name

TAC claim number

Date of Birth

Phone number

Address

Postcode

Email

**Note:** Using email is not always secure. Information sent via unencrypted email may be at risk of being intercepted, read or modified. By providing us with your email address you acknowledge these risks and agree that the TAC will communicate with you via email.

## BANK ACCOUNT DETAILS

Complete this section to provide your bank account details for the first time **OR** to change your details to a new account.

Account in the name(s) of

Name of bank or financial institution

Bank branch number BSB (maximum of 6 numbers)

Account number (maximum of 9 numbers)

### For international bank accounts only

IBAN:

SWIFT code/BIC:

BSB/Sort code/Branch code:

Branch name:

Branch address:

Postcode:

## PREVIOUSLY NOMINATED ACCOUNT

Complete this additional section only if you are changing your bank account details. This is your previous account.

Account in the name(s) of

Name of bank or financial institution

Bank branch number BSB (maximum of 6 numbers)

Account number (maximum of 9 numbers)

As a security measure, please provide details of the most recent payment you have received from the TAC.

Date

Amount

Description of payment received

## AUTHORISATION

Please pay my TAC payments into this account until further notice.

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.

### Signature

### Printed name

### Date

If you are not the TAC Client and are completing this form, please indicate your relationship to the TAC Client (e.g. Authorised Representative, financial administrator, parent, legal guardian).

### Relationship to client



### 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 only for the purposes of making payments. 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)