



Payment Account Details for Service Provider

When to use this form

This form must be completed by one Service Provider (e.g. a sole trader or employer) in order to receive payments for notification of information to the National Bowel Cancer Screening Program Register (the Register).

The details provided will be used to make payments for complete information forms received. All payments will be made to the bank account nominated on this form.

Only one bank account can be provided on this form. If you require a different bank account for one or more of the locations from which you practise, you will need to submit a separate form for each bank account.

Re-ordering details

If you require additional copies of this form, please contact the National Bowel Cancer Screening Program Information Line on **1800 118 868**.

Instructions

Once completed, please lodge the form by free **fax** to 1800 115 062 or **mail** to NBSCP Register, Reply Paid 83061 HOBART TAS 7001.

Privacy note

The information provided by you on this form will be used by the Australian Department of Human Services to identify your nominated bank account details for the purpose of making electronic payments by the Register. Details of your bank account will be disclosed to the relevant bank/institution to facilitate payment.

1 Provider details

Provider name

Practice telephone number ()

Practice facsimile number ()

If you practise at more than one location, record the telephone/facsimile number of your principal practice.

2 Provider number(s) and ABN(s)

Note: Only details of one service provider and one bank account can be provided on this form. You may practise at more than one location. Locations are denoted by the last two characters in the provider number, for example 123456**AB** or 123456**7K**. If you practise at more than one location and wish payments to be made into a different bank account for one or more of your locations, you will need to complete a separate form for each bank account.

Information payments are to be made into the bank account nominated in section 3 for the following provider number(s):

Provider number	ABN for information payments from the Register	Provider number	ABN for information payments from the Register
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Attach an additional sheet to list further provider numbers.

If the Department of Human Services' records show the provider number is not linked to the ABN recorded above, or is linked to a different ABN, you will be sent an ABN/RCTI form to update your record. Information payments cannot be made against a provider number that does not have an ABN linked unless the provider has submitted an ABN/RCTI form indicating they are tax exempt. You can request an ABN/RCTI form be sent to you by contacting the Department of Human Services on **1800 653 629** (freecall).

3 Bank details for electronic funds transfer

Account held in the name(s) of


BSB number Account number

Name of bank, building society or credit union

4 Declaration

I am the provider recorded in section 1 of this form and hereby authorise the Department of Human Services to direct all payments, relating to notification of information to the National Bowel Cancer Screening Program Register for my provider number(s) listed above on this form, to the above named bank account.

Provider's name

Provider's signature 

Date