

Provider details for EFT payment

New registration

Change details

Provider name

Provider number

Please indicate if you require all your current locations linked to EFT (tick)

If yes, please provide all location numbers

Provider address

Postcode

Please submit my payments to the following account

Branch name

Branch address

Account number

BSB number

Account name

Name of authorised person

Signature of authorised person

Please return by fax to (03) 8456 6250

Privacy Statement - We collect your personal information so that we can provide you with insurance and related products and services and to comply with our legal and other obligations. We may not be able to perform these functions if you do not provide us with your personal information. We may collect your personal information from a person responsible for the management of your membership or other authorised person. Generally, you have the right to gain access to personal information we hold about you.

From time to time, we may contact you about other products or services which we think could be of interest to you (including by email, text message or telephone call). Please let us know if you wish to withdraw your consent for us to contact you about other products and services.

We may disclose your personal information to third parties such as: our service providers, health service providers, financial institutions or your organisation, if you have a corporate insurance product. To obtain the latest version of our Privacy Policy, visit our website at medibank.com.au or drop into a Medibank store.