

# Provider Details for EFT Payment



Provider name

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Provider number

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

If yes, please provide all location numbers \_\_\_\_\_

Medical Specialty (Please complete only if you are a GapCover provider)

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Provider address

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Postcode

## Please submit my payments to the following account

Type of Account

Trading bank

Savings Bank

Building Society/Credit Union

Name of Branch

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Address of Branch

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Account Number

BSB No.

Account Name

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## To ensure payment to the correct account, please confirm BSB details with your Bank/Building Society/Credit Union

Name One

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Phone number ( )

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Signature

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Name Two

---

Phone number ( )

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Signature

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Provider email address

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**Please return by fax to (03) 8456 6250**