



Australian College of Rural and Remote Medicine

Notification of Change of Banking Details Rural Procedural Grants Program

NOTE: These details will be used in making payments for the Rural Procedural Grants Program. All payments will be made to the bank account nominated on this form.

Provider Details

Name: _____

Provider Number: _____

Phone Number: (____) _____

Bank details for electronic funds transfer

Account Name: _____

BSB Number:

Account Number: _____

Bank/Institution: _____

Branch Location: _____

Declaration

I hereby authorise The Department of Human Services to direct all payments relating to the Rural Procedural Grants Program, for the provider number identified on this form, to the above-named bank account

Name: _____

Signature: _____

Please Fax the completed form to

(07) 3105 8299

Privacy note

The information provided by you on this form will be used solely for the purpose of the Rural Procedural Grants Program