Australian Government

Medicare Australia

# Authority for Electronic Funds Transfer

## Rural Retention Program

Payment account details for eligible providers

**Note:** These details will be used in making Rural Retention payments.
All payments will be made to the bank account nominated on this form.

**Provider details**

Name *(please print)* ______________________________

Provider number for your major practice location ☐☐☐☐☐☐☐☐☐

**Bank details for electronic funds transfer**

These details identify where payment for the Rural Retention payment will be directed in relation to the above provider details.

Account Name *(eg. Dr R Smith)* ______________________________

BSB Number ☐☐☐☐☐☐☐ Account Number ______________________________

Bank/Institution ______________________________

Address of Branch ______________________________

**Declaration**

I hereby authorise Medicare Australia to direct all payments relating to the Rural Retention Program, for the provider number identified on this form, to the above-named bank account.

Name *(please print)* ______________________________

Signature ______________________________ Date ____/____/____

Contact telephone number ☐☐ ☐☐☐☐☐☐☐☐

**Please mail or fax the completed form to:**

Rural Retention Program
Medicare Australia
GPO Box 2844
Adelaide SA 5001

Facsimile (08) 8274 9373

Practitioners electing to fax these details are not required to send the original document to Medicare Australia but should retain it for their own records and Medicare Australia audit purposes. Faxes advising of future changes to bank account details must be sent on a practice letterhead and signed by the provider who is eligible to receive the payment. If the original copy of the document cannot be found, the faxed copy held by Medicare Australia will be recognised as the original document.

**For further information or enquiries please ring 1800 010 550 (free call)**

**Privacy note**

The information provided by you on this form will be used for the purpose of the Rural Retention Program.

**Office use only**

Date Processed Operator ID Signature