

Notification of bank account details for an approved pharmacist

Purpose of this form

Complete this form to update or provide your banking details to the Australian Government Department of Health (the Department) for payments made through claiming for the Pharmaceutical Benefits Scheme.

You will need to allow 10 working days for the change to take effect.

For more information

Go to www.health.gov.au/pbsapprovedsuppliers.

For assistance completing this form, email details of your enquiry to **pbsapprovedsuppliers@health.gov.au** and a departmental officer will contact you, or call **1800 316 389** (call charges may apply).

Returning your form

Check that all required questions are answered and the form is signed and dated.

This notification form must be lodged through the PBS Approved Suppliers Portal **PBSApprovedSuppliers.health.gov.au**.

For further information on how to lodge your form visit **www.health.gov.au/pbsapprovedsuppliers**. Please do **not** email your form as emailed forms may not be processed.

Privacy and your personal information

Personal information is protected by law, including the *Privacy Act* 1988.

Personal information is being collected in this form by the Department for the purposes of processing your notification of an approved pharmacist's bank account details or changes to existing bank account details for the purposes of claiming for the Pharmaceutical Benefits Scheme.

If you do not provide this information, the Department will not be able to process your notification.

You can get more information about the way in which the Department will manage personal information, including our privacy policy, at www.health.gov.au/pbsapprovedsuppliers/forms-privacy.

1	Pharmacy business (trading) name
2	PBS approval number
3	Address of pharmacy premises
	B 1 1
	Postcode
4	Daytime phone number
-	
Co	Daytime phone number Intact person's details
-	Daytime phone number Intact person's details Dr
Co	Daytime phone number Intact person's details
Co	Daytime phone number Intact person's details Dr
Co	Daytime phone number Intact person's details Dr
Co	Daytime phone number Intact person's details Dr

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Pharmacist's bank account details 7 I would like to: **Tick ONE only** Register new bank account details Go to 9 Change bank account details Go to next question If notifying the Department of a change to bank account details, record the old bank account details below. Name of bank, building society or credit union Branch number (BSB) Account number (this may not be the card number) Account held in the name(s) of 9 The following account details are to be used, effective from Name of bank, building society or credit union Branch number (BSB)

All payments are made through Electronic Funds Transfer (EFT). Payments **cannot** be made via EFT if the nominated account has restrictions on EFT deposits.

Account number (this may not be the card number)

Account held in the name(s) of

Declaration

This declaration must be signed by all approved pharmacist(s), being the pharmacy business owner(s).

10 I/We authorise:

payments to be made into the nominated bank account.

I/We declare that:

- I/we are authorised to provide details of the bank account.
- the information I/we have provided in this form is complete and correct.

I/We understand that:

Full name			
Signature			
Ø			
Date			
/	/		
Approved Full name	pharmacist 2		
Signature			
L			
Date			
Date /	/		
/ Approved	/ pharmacist 3		
/ Approved Full name			
/ Approved Full name			
Approved Full name Signature			
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a separate sheet with details.