

## Authority to Add or Change Payment Details

**Please print in black ink, using capital letters and mark check boxes with an X.**

Complete and send this form to [gapsupport@guhealth.com.au](mailto:gapsupport@guhealth.com.au) to allow GU Health to pay benefits by Electronic Funds Transfer (EFT) to a nominated bank account.

**Please note:** It is your responsibility to ensure your bank and address details are kept up to date.

Please see our privacy policy at [guhealth.com.au](http://guhealth.com.au) for information on how we collect, use and disclose your information, and how you can access or correct your personal information or make a privacy complaint.

### Section 1: Provider details

Title	Surname	Given name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Provider Number	Daytime telephone number	
<input type="text"/>	<input type="text"/>	
Email address		
<input type="text"/>		
Postal address		
<input type="text"/>		
		State
		Postcode
<input type="text"/>		<input type="text"/>

### Section 2: Account details

Account name	
<input type="text"/>	
BSB number	Account number
<input type="text"/>	<input type="text"/>
Do the above details relate to any additional provider numbers?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list ALL additional provider numbers these bank details apply to:	
<input type="text"/>	
<input type="text"/>	
Date this payment detail change / addition is to take effect:	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

### Section 3: Authorisation

I declare that this information is correct and I authorise GU Health to directly transfer payments via EFT into the account nominated above.	
Provider's signature	Date signed
<input type="text"/>	<input type="text"/>
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

### Need Help?

**Email:** [gapsupport@guhealth.com.au](mailto:gapsupport@guhealth.com.au)

**Call:** 1800 249 966

9am to 5pm (AEST), Monday to Friday