

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 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 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"/>	<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"/>	

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"/>

Need Help?

Email: gapsupport@guhealth.com.au
Call: 1800 486 334
9am to 5pm (AEST), Monday to Friday