



## 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**
- 8** 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)  
  
Account number (this may not be the card number)  
  
Account held in the name(s) of  
  

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

## 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:

- giving false or misleading information is a serious offence.

### Approved pharmacist 1

Full name

Signature

Date

### Approved pharmacist 2

Full name

Signature

Date

### Approved pharmacist 3

Full name

Signature

Date

### Approved pharmacist 4

Full name

Signature

Date



If there are more than 4 approved pharmacists, attach a separate sheet with details.