

**When completed:**

Email: providerservices@hicaps.com.au or

Fax: 1300 725 726 or

Mail: GPO Box 84A, Melbourne Vic 3001

**Help Desk reference  
(HICAPS use only)**

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

**\*Denotes mandatory fields – (as printed on your current HICAPS terminal receipt)**

**A Your Practice Details**

|                        |              |                  |                     |
|------------------------|--------------|------------------|---------------------|
| Company/Practice Name* |              | Merchant Number* | Terminal Number(s)* |
|                        |              |                  | S                   |
| Practice Phone*        | Practice Fax | Email*           | Website             |
|                        |              |                  |                     |

**B Existing Bank Details**

**This account is to be used for** (please tick)

HICAPS/Health Fund Payments       EFTPOS Settlement

|              |           |     |                |
|--------------|-----------|-----|----------------|
| Account name | Bank name | BSB | Account Number |
|              |           |     |                |

**This account is to be used for** (please tick)

Fees and charges (EFTPOS/Rental)

|              |           |     |                |
|--------------|-----------|-----|----------------|
| Account name | Bank name | BSB | Account Number |
|              |           |     |                |

**C New Bank Details\*\***

**This account is to be used for**

HICAPS/Health Fund Payments/EFTPOS Settlement/Fees and charges (EFTPOS/Rental)

Please note: this cannot be an online savings account and the account must be able to be debited or credited by a third party.

|              |           |     |                |
|--------------|-----------|-----|----------------|
| Account name | Bank name | BSB | Account Number |
|              |           |     |                |

\*\* Bank Confirmation: We require confirmation of the nominated bank account - please submit a bank statement, deposit slip or a letter from your financial institution so that we can validate account details. The document must include full name (including Trust etc) and account details. We cannot accept printed statement from an online banking account.

**D Authorised signatures** (all signatories to the original HICAPS/EFTPOS contracts must sign)

|   |   |
|---|---|
| Signature   | Signature   |
|   |   |
| Name  | Name  |
|   |   |
| Position (circle as applicable)      Director / Partner / Sole Trader | Position (circle as applicable)      Director / Partner / Sole Trader |
|   |   |
| Date  | Date  |
| /   /   | /   /   |

**Diners, Amex/JCB, Medicare Australia and UnionPay International.**

Please ensure you contact Diners, Amex/JCB & Medicare Australia directly to update your details as HICAPS is unable to do this on your behalf.

- DINERS**                      **Phone: 1300 360 500**
- AMEX/JCB**                      **Phone: 1300 363 614**
- Medicare Australia**              **Phone: 13 21 50**
- UnionPay**                      **Phone: +61 2 9250 8888**