

C Bank Details

This account is to be used for

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

Please note: this account 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 _____

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

Signature _____

Name _____

Position (tick as applicable)
 Director Partner Sole Trader

Date _____ / _____ / _____

Signature _____

Name _____

Position (tick as applicable)
 Director Partner Sole Trader

Date _____ / _____ / _____