

# Provider Update Request

## Current Provider details

Provider number:

First name:

Surname:

Street address:

Suburb:

State:

Postcode:

Date of birth:

Email:

Telephone:

Mobile:

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## New Provider details

Provider number:

First name:

Surname:

Street address:

Suburb:

State:

Postcode:

Date of birth:

Email:

Telephone:

Mobile:

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## Direct Credit Registration

Please update my benefit payment details for all future benefits (*please tick*)

Account name:

BSB:

Account Number:

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## Declaration

I authorise HIF to update my contact and benefit payment details, as per the above information.

Signature:

Date:

Type your full name here to sign electronically.

Once you have completed the form, please email it to us at [hello@hif.com.au](mailto:hello@hif.com.au) or mail to HIF, Whadjuk Country, GPO Box X2221, Perth WA 6847  
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