**BILLER AUTHORISATION FORM**

This form must be completed and submitted to Queensland Stoma Association Ltd by the Organisation responsible for paying the invoices.

For NDIS customers, please email NDIS@qldstoma.asn.au.

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| --- | --- |
| Recipient Name: |  |
| Recipient Account Code:(if known) |  |
| Recipient Address: |  |
| Recipient Reference #:(eg. NDIS #, Claim #) |  |
| Recipient Contact Number: |  |
| Recipient Email Address: |  |
| Biller Name: |  |
| Biller Postal Address: |  |
| Biller Email Address:(for invoices & statements) |  |
| Biller Contact Name: |  |
| Biller Contact Phone #: |  |
| Funding Start Date: |  |
| Funding End Date: |  |
| Other Notes: |  |

Please note: The funding organisation is responsible for advising Queensland Stoma Association Ltd in writing if this arrangement changes or ceases.