

This form is to be used by **licensed services** to change a bank account or by **Playgroups** to establish or change a bank account. All Ministry of Education payments will be deposited into this account. It can also be used to advise your GST registration number. All sections must be completed. Two signatories are required to sign that the bank details are correct, and either: your **bank must stamp the form** to verify the account details, OR you must **attach a pre-printed deposit slip**

Completed forms should be returned to: ece.resourcing@education.govt.nz

Early Childhood Service

Name

Ministry of Education Service Number

Address

Phone Number

Funding Contact Person

Reason for Change

Why is this change being made: (tick one only)

<input type="checkbox"/>	Because the service/playgroup has changed its own bank account.	<input type="checkbox"/>	Because the service has joined or left an association, while retaining the same ownership.	<input type="checkbox"/>	Because the service has had a change of ownership.
<input type="checkbox"/>	Because the service is now GST registered.	<input type="checkbox"/>	Because the service needs to deregister from GST.	<input type="checkbox"/>	New Playgroup.

To ensure payments are directed to the correct bank account, if a change of ownership or bank account will be occurring close to an ECE bulk subsidy payment, please contact the ECE Resourcing team to understand if the payment will be made to the old or new owner.

Please note: Funding contacts need access to Pourato and Secure Data Portal to view early learning funding information. It is important to review access regularly. To request or remove access, please complete the Early Childhood Education (ECE) Pourato and Secure Data Portal User Request (ESL 39) form on this page: [How to get an Education Sector Logon | Applications & Online Systems](#)

GST Number

Please provide your GST number - if you are not GST registered then write NIL.

If you were previously registered for GST and are deregistering, please write NIL.

Verified Bank Account Details for Future Payments

Attach a pre-printed deposit slip OR complete the following

Bank

Branch

Account Name

Account Number

Bank and Branch

Account

Bank Stamp and Initial

Suffix

To be certified by two signatories, one of whom must be the service provider contact/office bearer e.g. treasurer.

Services with one signatory **MUST** write "sole signatory" in the second field

Signatory One

Signature

X

Name (block letters)

Position Held

Signatory Two

Signature

X

Name (block letters)

Position Held

Office Use Only

	Date	Initials	Checked
<input type="checkbox"/>	Sent to Finance		
Change/Add Bank Account – Playgroup ECD	Sent to Regional Office		
<input type="checkbox"/>	Sent to Finance		
Change/Add Bank Account – Licensed Service ECF	Sent to Regional Office		
<input type="checkbox"/>	Entered into Profiles		
Change of Service Provider ID	Sent to Regional Office		