



NEW/AMENDMENT

COMMUNITY BUSINESS BUREAU INC.

Email: ncb@cbb.com.au Facsimile: 08 8244 9145

SALARY PACKAGING AUTHORITY FORM

EMPLOYEE NAME: _____

EMPLOYEE ADDRESS: _____

EMPLOYER NAME: _____ LOCATION: _____

EMPLOYEE PAYROLL NO: _____ E-mail ADDRESS: _____

Please credit the following amounts deducted from my wages by my employer to a Non Cash Benefit account, administered by the Community Business Bureau Inc.

START DATE _____ END DATE (if applicable): _____

PERCENTAGE: _____ OR AMOUNT \$ _____

(*Amounts are based on normal pay cycle hours)

I authorise CBB to deduct the administration fee of \$ _____ (inc GST)
 for the NCB Account each Weekly Fortnightly Monthly (circle one)*
 (being the amount I must pay to my employer to cover the fee charged to my employer by Community Business Bureau Inc for its services).

<u>NB: PLEASE ENSURE THAT YOU ANSWER EACH QUESTION</u>	Yes	No
Do you have a HECS/HELP debt (Higher Education Contribution Scheme)	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a SFSS debt (Student Financial Supplement Scheme)	<input type="checkbox"/>	<input type="checkbox"/>
Are you provided with a company motor vehicle for private use	<input type="checkbox"/>	<input type="checkbox"/>
Do you receive or pay Child Support	<input type="checkbox"/>	<input type="checkbox"/>
Do you have private HOSPITAL cover	<input type="checkbox"/>	<input type="checkbox"/>
Are you claiming Remote Area Benefits	<input type="checkbox"/>	<input type="checkbox"/>

I AGREE TO ENROL IN THE CBB REWARDS CLUB YES NO

I DO NOT WISH TO RECEIVE ANY FUTURE PROMOTIONAL ITEMS

EMPLOYEE SIGNATURE: _____

DATE: ____ / ____ / ____

EMPLOYER' SIGNATURE: _____

DATE: ____ / ____ / ____

CBB USE ONLY	
REC'D	_____
MKTD	_____
AMT \$	_____
PAYROLL	_____
NCB	_____ - _____
REMOTE	<input type="checkbox"/> Y <input type="checkbox"/> N