



COMMUNITY BUSINESS BUREAU INC.

Email: ncb@cbb.com.au

Facsimile: 08 8244 9145

MEAL ENTERTAINMENT AUTHORITY FORM

EMPLOYEE NAME: _____

EMPLOYER NAME: _____

EMPLOYEE PAYROLL NO: _____ E-MAIL ADDRESS: _____

Please credit the following amounts deducted from my wages by my employer to my Non Cash Benefit account, administered by the Community Business Bureau Inc. FOR THE SPECIFIC PURPOSE OF A MEAL ENTERTAINMENT CARD

START DATE: _____ END DATE (if applicable): _____

AMOUNT \$ _____

I AUTHORISE CBB TO DEDUCT THE ADMINISTRATION FEE OF \$ _____ (Incl GST) FROM THE NCB ACCOUNT EACH WEEK/FORTNIGHT/MONTH (please 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 'administration services).

EMPLOYEE SIGNATURE: _____

DATE: ____ / ____ / ____

EMPLOYER' SIGNATURE: _____

DATE: ____ / ____ / ____

CBB USE ONLY

REC'D ____ / ____ / ____

Entered By _____

AMT \$ _____

PAYROLL _____

NCB _____ - _____

Please attach a completed ANZ Salary Packaging Card Application Form with this form