



NEW / AMENDMENT

COMMUNITY BUSINESS BUREAU INC.

Email: ncb@cbb.com.au

Facsimile: 08 8244 9145

SALARY PACKAGING AUTHORITY FORM - NOVATED LEASE

EMPLOYEE NAME: _____

EMPLOYER NAME: _____

EMPLOYEE PAYROLL NO: _____

Please credit the following amounts deducted from my wages by my employer to my Novated Motor Vehicle Lease account, administered by the Community Business Bureau Inc.

START DATE: _____ END DATE (if applicable): _____
AMOUNT \$ _____

E-mail ADDRESS: _____

I AUTHORISE CBB TO DEDUCT THE AMOUNT OF \$19.25 (incl GST) FROM MY NOVATED MOTOR VEHICLE LEASE ACCOUNT EACH FORTNIGHT FOR THEIR FEE FOR THIS SERVICE.

EMPLOYEE SIGNATURE: _____

DATE: / /

EMPLOYER' SIGNATURE: _____

DATE: / /

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