ATTACHMENT 30 ANZ FUNDS RETRIEVAL + PAYMENT FORM

NON CASH BENEFITS PAYMENT REQUEST FORM - ONCE OFF PAYMENT

This form is to be completed for each Once Off payment to be made. A copy of the invoice or statement detailing which items are to be paid must be attached. **(PLEASE PRINT)**

EMPLOYEE NAME: _____

EMPLOYER NAME: _____

CONTACT NO: _____ **YOUR NCB ACCOUNT NO:** ☐☐☐ - ☐☐☐

Please retrieve the following amount from my ANZ card, for the purposes of completing this once-off payment request: **$** _____

NOTE: THIS FORM MUST BE RECEIVED BY CLOSE OF BUSINESS ON MONDAY 23RD OF MARCH OR THIS PAYMENT WILL NOT BE PROCESSED!

Office Use Only

AMOUNT: _____ **MINIMUM PAYMENT $50.00**

TO WHOM THE ACCOUNT IS TO BE PAID: _____

Payment to be made electronically: (eg EFT)

BANK NAME: _____

BANK BRANCH: _____

BSB NUMBER: ☐☐☐ - ☐☐☐

ACCOUNT NUMBER: ☐☐☐☐☐☐☐☐☐

OTHER: ☐☐☐☐☐☐☐☐☐☐☐☐

OR

Payment to be made electronically: (eg. BillPay / BPay)

BILLER CODE: ☐☐☐☐☐☐☐

REFERENCE: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

DATE BILL TO BE PAID / / (If no date entered bill will be paid A.S.A.P.)

NB: Your Payment Request Form and attached invoices or statements must be forwarded to CBB at least 5 working days prior to payment date required / requested.

SIGNATURE: _____

DATE: / /

PLEASE FORWARD TO:

FAX NO: **08 8244 9145**

COMMUNITY BUSINESS BUREAU INC.

CBB Community Business Bureau

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