ATTACHMENT 4.

REGULAR PAYMENT REQUEST FORM

REGULAR PAYMENT REQUEST FORM

NON CASH BENEFIT PAYMENT REQUEST FORM - REGULAR PAYMENT

This form is to be completed for each regular 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:** ☐☐☐ - ☐☐☐

AMOUNT: **$** _____ **MINIMUM PAYMENT $50.00**

TO WHOM THE ACCOUNT IS TO BE PAID: _____

IS THIS AN AMENDMENT TO AN EXISTING REGULAR PAYMENT ? YES / NO

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: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

FREQUENCY OF PAYMENT

☐ MONTHLY (Specify start date) / /

☐ FORTNIGHTLY (Specify start date) / /

"Please indicate on which day weekly is to be made"

☐ WEEKLY (Mon, Tues, Wed, Thurs, Fri or Payday)

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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