

BM Form 1 Registration Form



Client # _____

COMMUNITY BUSINESS BUREAU INC.

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

BUDGET MANAGEMENT REGISTRATION FORM

FIRST NAME _____ MIDDLE NAME _____
LAST NAME _____ Date of Birth ____/____/____
POSTAL ADDRESS _____
SUBURB _____ POST CODE _____
RESIDENTIAL ADDRESS (if different from postal address)
STREET _____
SUBURB _____ POST CODE _____
Contact phone (home) _____ (mobile) _____
E-mail address: _____

REFERRING ORGANISATION (if applicable)
NAME OF ORGANISATION _____
CONTACT PERSON _____ CONTACT PHONE _____
E-mail address: _____
Do you want this person to receive periodic reports about your budget? YES / NO.

Please indicate the service you require.
Regular Payment Services: \$55 inc GST then \$9.00 inc GST per fortnight)
Full Budget Management: \$55 inc GST then \$19.00 inc GST per fortnight)

I hereby authorise the Community Business Bureau to act as my agent to pay my bills and debts in accordance with my Budget Plan. I give a commitment to take all reasonable steps to achieve the financial outcomes in my Budget Plan.

This authorisation can be cancelled by giving 7 days notice in writing.

SIGNATURE: _____
DATE: ____/____/____

SUPPORT WORKER _____
(if applicable)
DATE: ____/____/____

CBB BUDGET OFFICER _____

CBB USE ONLY	
REC'D	_____
AMT \$	_____
CRM	_____
Client #	_____ - _____