

BM Form 2 Declaration Form



CBB Budget Management

I acknowledge and agree to the following:

- I hereby authorise the Community Business Bureau as my agent to pay my bills and debts in accordance with my Budget Management Plan. This authorisation can be cancelled by giving 7 days notice in writing.
- I acknowledge that CBB will charge a fee for establishing my Budget Management Plan and an ongoing fortnightly fee for the provision of the bill paying service.
- I acknowledge that CBB has not provided any financial advice to me, and is acting on my instructions to pay bills on my behalf using my funds.
- I undertake to provide CBB with sufficient funds to make payments in accordance with the Budget Management Plan at least 24 hours before the due date.
- I understand that I will be responsible for the payment of any penalty interest or late fees which may be incurred if I fail to provide the funds to CBB by the required deadline.
- I acknowledge and agree that the funds I provide to CBB will be held by the CBB on Trust until CBB makes the relevant payment(s) and that CBB is entitled to retain any interest or other benefit it derives though holding my funds or making payments on my behalf.
- I declare that the information provided to CBB describing my income and expenses is to the best of my knowledge complete and accurate. I understand that the Budget Management Plan has been developed based on this information provided.

Full Name: _____

Signature: _____

Date: ____/____/____

CBB Budget Officer: _____