BM Form 3 Payment Request

BUDGET MANAGEMENT PAYMENT REQUEST

A new form is to be completed for each payment to be made.

(PLEASE PRINT)

LAST NAME: _____

FIRST NAME : _____

CONTACT NO: _____ **YOUR CBB CLIENT ACCOUNT NO:** | **B** | | | | | | |

EMAIL ADDRESSS _____

AMOUNT TO BE PAID: **$** _____ GST AMOUNT IN BILL $$_____

WHO IS TO BE PAID _____

Select one payment method (A or B) below

A. Electronic Funds Transfer

BANK NAME: _____

BANK BRANCH: _____

BSB NUMBER: | | | | - | | | |

ACCOUNT NUMBER: | | | | | | | | | |

OTHER: | | | | | | | | | | | | |

OR

B. Biller Payment (eg. BillPay / BPay)

BILLER CODE: | | | | | | | |

REFERENCE: | | | | | | | | | | | | | | | | | | | | | | | | |

Frequency of Payment

ONCE OFF PAYMENT DUE ____/___/____

☐ 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 must be forwarded to CBB at least 2 working days prior to payment date required / requested.

I ACKNOWLEDGE THAT CBB CAN ONLY MAKE THE ABOVE PAYMENT ON MY BEHALF IF I HAVE SUFFICIENT FUNDS IN MY CBB ACCOUNT .

SIGNATURE: _____

DATE: / /

PLEASE FORWARD TO:

FAX NO: 08 8244 9145

COMMUNITY BUSINESS BUREAU INC.

CBB Community Business Bureau

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