

BM Form 4 Shared Bill Payment

BUDGET MANAGEMENT PAYMENT REQUEST

A new form is to be completed for each bill to be paid.

PAYMENT REQUEST FORM

CLIENT #	SURNAME	AMOUNT
B		
B		
B		
B		

TOTAL

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

NAME OF BILLER _____

CUSTOMER NAME ON BILL _____

Select one payment method (A or B) below

A. Electronic Funds Transfer

BANK NAME: _____

BANK BRANCH: _____

BSB NUMBER: _____ - _____

ACCOUNT NUMBER: _____

REFERENCE DETAILS _____

OR

B. Biller Payment (eg. BillPay / BPay)

BILLER CODE: _____

REFERENCE DETAILS: _____

Frequency of Payment

ONCE OFF PAYMENT DUE ____ / ____ / ____

MONTHLY (Specify start date) ____ / ____ / ____

FORTNIGHTLY (Specify start date) ____ / ____ / ____

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

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

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 IF THERE ARE SUFFICIENT FUNDS THE CBB CLIENT ACCOUNT(S).

AUTHORISED BY (please print name) _____

SIGNATURE: _____

DATE: ____ / ____ / ____

PLEASE FORWARD TO:
COMMUNITY BUSINESS BUREAU INC.
FAX NO: 08 8244 9145

