How to fill out - Attachment 3
Once Off Payment Request Form
Step by step guide

Step 1
Fill out your Name & Employer Name

Step 2
Fill out your NCB No (if known)

Step 3
Fill out the Amount and whom the account is to be paid

Step 4
Choose Payment Method EFT/BPay or Cheque Then fill out details

Step 5
Fill out the Date the bill needs to be paid

Step 6
Sign and date the form and forward to CBB along with proof of debt

ONCE OFF PAYMENT REQUEST FORM

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ATTACHMENT 3. ONCE OFF PAYMENT REQUEST

NON CASH BENEFITS PAYMENT REQUEST FORM - ONCE OFF PAYMENT

This form is to be completed for each Once Off 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: _____

YOUR NCB ACCOUNT NO: ☐☐☐ - ☐☐☐

AMOUNT: _____ **MINIMUM PAYMENT $50.00**

TO WHOM THE ACCOUNT IS TO BE PAID: _____

Payment to be made electronically: (eg EFT)

BANK NAME: _____

BANK BRANCH: _____

BSB NUMBER: ☐☐☐ - ☐☐☐

ACCOUNT NUMBER: ☐☐☐☐☐☐☐☐☐

OTHER: ☐☐☐☐☐☐☐☐☐☐☐☐

Payment to be made electronically: (eg. BillPay / BPay)

BILLER CODE: ☐☐☐☐☐☐☐

REFERENCE: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

DATE BILL TO BE PAID / / (If no date entered bill will be paid A.S.A.P.)

OR

Payment to be made by cheque:

PAYMENTS TO BE FORWARDED TO:

PLEASE INDICATE

☐ FOR RETURN TO YOU

OR

☐ POST TO FOLLOWING ADDRESS:

_____

_____

_____

_____

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