## Change to payroll deductions

Employee name:					
Employer name:			NCB (offic	<b>No.</b> re use)	
Please fill out the	following to ensure we have the	ne most up to date	e details in our syst	tem.	
Employee address					
Contact number:	Home:	Work:	Mol	bile:	
Email:			Date of birth:	/	/

Please credit the following amounts deducted from my wages by my employer to a Non Cash Benefit account, administered by Community Business Bureau (CBB).

Frequency of pay	/ment:	Start date:	/ /	End date		/
NCB (Office use)	Account type (If applicable)	Percentage (If applicable)	Packaging amount(\$)	Fee	<b>Total</b> (Amount or percentage)	<b>Remote</b> (If applicable)

*I authorise Community Business Bureau to deduct the fees indicated above from the relevant NCB account each pay period* (being the amount I must pay to cover the fee charged to my employer by CBB for their services).

Please ensure that you answer 'Yes' or 'No' to each of the questions below:

Do you have a HECS/HELP debt (Higher Education Contribution Scheme)?	Yes	No
Do you have SFSS debt (Student Financial Supplement Scheme)?	Yes	No
Are you provided with a company motor vehicle for private use? (Including work to home)	Yes	No
Do you pay or receive Child Support?	Yes	No
Do you have private health cover?	Yes	No

Employee signature:	Date:	/	/	
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