

# Change to payroll deductions

Employee name:

Employer name:  NCB No.   
(office use)

Update Details: Please fill out the following to ensure we have the most up to date details in our system

Employee address:

Contact number: Home:  Work:  Mobile:

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 payment:	<input type="text"/>	Start date:	<input type="text"/> / <input type="text"/> / <input type="text"/>	End date:	<input type="text"/> / <input type="text"/> / <input type="text"/>	
NCB (Office use)	Account type (if applicable)	Percentage (if applicable)	Packaging amount (\$)	Fee (incl. GST)	Total (incl. GST) (Amount or Percentage)	Remote (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I authorise CBB 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).

**Note: Please ensure that you answer 'Yes' or 'No' to each question.**

Do you have a HECS/HELP debt (Higher Education Contribution Scheme)?	<input type="text"/>
Do you have SFSS debt (Student Financial Supplement Scheme)?	<input type="text"/>
Are you provided with a company motor vehicle for private use? (Including work to home)	<input type="text"/>
Do you pay or receive Child Support?	<input type="text"/>
Do you have private health cover?	<input type="text"/>

Employee signature:  Date:  /  /

**CBB TO ARRANGE**

Employer signature:

Employer job title:

Date:  /  /

**CBB USE ONLY**

REC'D:

MKTD:

**CLEAR FORM**

# Payment request form

Employee name:

Employer name:  NCB No.   
(office use)

**Update Details:** Please fill out the following to ensure we have the most up to date details in our system

Mobile:  Email:

<b>Payment request type:</b> (Salary packaging new payment or change existing)	<input type="text"/>
<b>Payment amount:</b> <input type="text"/>	<input type="radio"/> Once off <input type="radio"/> Regular payment
<b>Purpose of payment:</b> (E.g. mortgage / personal loan)	<input type="text"/>
<b>Frequency of payment:</b> <input type="text"/>	<b>Start date:</b> <input type="text"/> / <input type="text"/> / <input type="text"/>

## Payments to be made electronically via:

(Please choose either EFT or BPAY and provide details for only the option you choose)

<b>EFT</b>	<b>Bank:</b> <input type="text"/>	<b>Account name:</b> <input type="text"/>
	<b>BSB Number:</b> <input type="text"/>	<b>Account number:</b> <input type="text"/>
	<b>Reference:</b> <input type="text"/>	

<b>BPAY</b>	<b>Biller code:</b> <input type="text"/>	<b>BPAY reference number:</b> <input type="text"/>
	<b>BPAY name:</b> <input type="text"/> (E.g. Bank / Credit Union name)	

### Please note:

- ▶ The minimum Payment Request is \$50.00.
- ▶ Your Payment Request Form and attached proof of debt must be forwarded to CBB at least 5 working days prior to payment date required/requested.
- ▶ If you currently have a CBB Salary Packaging Card, all payments will be made on the same day as your card.

<b>Employee signature:</b> <input type="text"/>	<b>Date:</b> <input type="text"/> / <input type="text"/> / <input type="text"/>
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