

# Payment cancellation form

Employee name:

Employer name:  NCB No.   
(office use)

**Details of regular payment to be cancelled**

Who is the account paid to?:

Last payment to be made on:  /  /

Payment made via (EFT/BPAY/Other):

Amount of payment: \$

**Please note:**

- ▶ This form is used to cease existing regular payments
- ▶ If you are continuing to salary package, please ensure you have setup a New Payment Request for your salary packaging fund to be sent to (assuming you need a new payment setup).
- ▶ This will not cease your salary packaging deduction through payroll.
- ▶ Your cancellation Request Form must be forwarded to CBB at least 5 working days prior to payment date.

Employee signature:  Date:  /  /