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| **Salary packaging payments and reimbursements** |

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| --- | --- | --- |
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1. ** I will use ACCESSPAY services to manage my salary packaging.**
2. **REGULAR direct payments** Please pay the following as a **Direct Payment** from my salary package:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of benefit  (e.g. mortgage, rent) | To be paid to | | Date due | Amount |
|  |  | |  |  |
| Account name: | | BSB: | | Account no. |
|  | |  | |  |
| Type of benefit  (e.g. mortgage, rent) | To be paid to | | Date due | Amount |
|  |  | |  |  |
| Account name: | | BSB: | | Account no. |
|  | |  | |  |

1. **Other payments** Please make the following **Payment** from my salary package:

***NB: Proof of expenditure or payment on credit card account must be attached - NO PROOF, NO REIMBURSEMENT.***

|  |  |  |  |
| --- | --- | --- | --- |
| Type of benefit  (e.g. car ins, phone bill) | To be paid to | Date due | Amount |
|  |  |  | $ |
|  |  |  | $ |

4. **REIMBURSEMENT PAYMENT ARRANGEMENTS**

 Prefer payment by cheque

|  |  |  |
| --- | --- | --- |
| Cheque Number |  | Date |

 Prefer payment by EFT into my bank account.

If payment to be made into an account OTHER than the one your wages are paid into, give details:

|  |  |  |
| --- | --- | --- |
| Account name: | Account no. | BSB: |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signed: |  | Print name: |  | Date |