

## Change to salary packaging arrangements form

Send completed form to customerservice@accesspay.com.au or post to PO Box 1238 Adelaide SA 5001



### Step 1. Help us identify you

<b>First name:</b> _____	<b>Employer name:</b> _____
<b>Surname:</b> _____	<b>Mobile number:</b> _____
<b>Date of birth:</b> /     /	<b>Email address:</b> _____
<b>Subscriber number:</b> _____	

### Step 2. Tell us when you want these changes to take place

Changes need to be submitted a minimum of 8 business days prior to your pay day (this could vary for weekly or monthly pay cycles). If start date is not specified, changes will take effect on your next pay date.

<b>When would you like the changes to start?*</b> /     /	<b>Would you like this payment/s to be:</b>	Ongoing <input type="checkbox"/> Once off <input type="checkbox"/> Short term <input type="checkbox"/>	<b>If short term, how many pay cycles should the change go for?</b>
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### Step 3. Outline your salary packaging payments

Fill in all payments you would like made from the above date. You will need to include **all current payments and any changes**. The total at the bottom will be your new total deduction. Payments not listed will be removed.

	Which account would you like us to deposit funds into:			Payment per pay cycle
	BSB <small>(max 6 digits)</small>	Account number <small>(max 9 digits)</small>	Payment reference <small>(if relevant)</small>	
Mortgage repayment (excluding investment properties)				\$
Personal loan repayment				\$
Rent				\$
Credit card				\$
Education payments (school fees, child care, HELP)				\$
Salary Packaging and Employee Benefits Card (General Living Expenses)	Please complete Salary Packaging and Employee Benefits Card application on page 2			\$
Salary Packaging and Employee Benefits Card (Entertainment Benefits)	Please complete Salary Packaging and Employee Benefits Card application on page 2			\$
Health insurance				\$
Household bills (rates, power, groceries etc)				\$
Entertainment Benefits				\$
Other. Please specify.				\$
New total salary packaging amount (for payments only, this excludes your ongoing fee)				\$

**See page 2 for the documentation you need to submit to support your payment/s. If supporting documentation is not provided, requested changes will not be actioned.**

Signature: \_\_\_\_\_ Date:     /     /

[Manage your changes online or download our app! Visit accesspay.com.au for more information.](https://accesspay.com.au)

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### Salary Packaging and Employee Benefits Card application

**Primary Cardholder** - Please tick the box of the identifying document and supply the corresponding document number:

- Australian Driver's Licence
- Australian Proof of Age Card
- Australian Passport
- Other Passport – please specify country of issue: \_\_\_\_\_

Document number: \_\_\_\_\_

(Example: licence number, card number, passport number)

**Partner card application:**

Please provide the following details for the Partner Card holder (if you would like one). Partner cardholders must be 16 years or older.

All given names \_\_\_\_\_

Surname \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Email address \_\_\_\_\_

**Salary Packaging and Employee Benefits Card Acknowledgments and Consents:**

1. I request to receive an AccessPay Salary Packaging and Employee Benefits Card and agree to receiving disclosures about this card online. I understand that the Product Disclosure Statement and Financial Services Guide is available online ([www.accesspay.com.au/mycard](http://www.accesspay.com.au/mycard)) and further information on how to activate my card will be sent to me with my card.
2. I understand the AccessPay Salary Packaging and Employee Benefits Card is issued by Heritage Bank Limited ABN 32 087 652 024, AFSL 240984 ACL 240984. I understand Heritage Bank Limited is not responsible for my salary deduction arrangements.
3. I confirm where information has been provided on behalf of a partner cardholder, the partner cardholder has provided me authority to request an AccessPay Salary Packaging and Employee Benefits Card on their behalf. I understand I will be liable to Heritage, my employer and my salary packaging provider for any loss arising from the use of the card by the partner cardholder.

I request that the changes shown on this form be made to my salary packaging arrangements and confirm my continuing compliance with my employer's policies and procedures. I also confirm that any reimbursement request is in relation to expenses already paid by me.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Supporting documentation required:

Payment type:	Please provide:
Mortgage repayment (excluding investment properties)	Current statement showing the BSB, account number, amount owing and 2 consecutive payments.
Personal loan repayment	Current statement showing the BSB, account number, amount owing and 2 consecutive payments.
Rent	Current lease or rental declaration showing your name, address, rent amount, length of lease and proof of 2 consecutive payments.
Credit card	Credit card statement showing amount owing and up to 12 months' worth of statements.
Education payments (school fees, child care, HELP)	Invoice showing amount owing and proof of up to 12 months' worth of payments.
Salary Packaging and Employee Benefits Card (General Living Expenses)	Form above.
Salary Packaging and Employee Benefits Card (Entertainment Benefits)	Form above.
Health insurance	Policy document showing the amount owing and proof of 2 consecutive payments.
Household bills (rates, power, groceries etc.)	Invoice showing payment details, amount owing and proof of payment
Entertainment Benefits <small>Includes dine-in meals, holiday accommodation and car hire, and taxis.</small>	Invoice showing amount owing and proof of payment.