

Participation Request Form

Please complete this form and return it to AccessPay with supporting documentation relevant to your payment requests.

Personal Details

Title:

Mr Mrs Ms Miss

Surname:

Given Name(s):

Date of Birth

/ /

Residential Address

Number & Street:

Suburb:

Postcode:

Postal Address

(if different from Residential Address)

Number & Street:

Suburb:

Postcode:

Contact Details

Work phone:

Home phone:

Mobile phone:

Email:

Employment Details

Employer:

Position:

Status: Full time Part time Casual

Payroll number:

Date to begin salary packaging

Next pay

OR

/ /

Additional Questions

Are you provided with a company vehicle?
 Yes No

Do you have private health insurance?
 Yes No
If **Yes**, does it include hospital cover? Yes No

Do you have an Education Debt? (e.g. HELP)
 Yes No

Do you receive income support?
 Yes No

Do you pay or receive child support?
 Yes No

Security Question

To help us identify you when you contact us, please choose an authorisation question and provide an answer.

Name of your first pet?

Name of your best friend?

Name of the suburb of your first home?

Name of the first company that employed you?

Mother's maiden name?

Answer:

Identifying Document

Please specify which 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:

General Enquiries

Please indicate how you wish to be contacted for general enquiries. You can select more than one box.

Home phone Work phone

Mobile phone Email Post

Nominate an Authorised Representative for your account (optional)

I hereby authorise

who is my

to discuss my salary packaging arrangements on my behalf.

I have read, understood and agree to the AccessPay Privacy Policy (accesspay.com.au/privacy) and Website Terms of Use (accesspay.com.au/termsfuse) and consent to AccessPay collecting, using and disclosing my personal information in accordance with these policies.

Payment Description	Payment Frequency W = weekly F = fortnightly M = monthly	Account Information			Payment Commences dd/mm/yyyy	Payment Amount	Payment Expense Classification D = paid direct R = reimbursed to you
		BSB	Account Number	Account Name			
Example: Mortgage	F	098123	9876543	A & B Smith	01/01/2017	\$ 85.00	D
						\$	
						\$	
						\$	
						\$	
Total Nominated Salary Packaging Payments (excluding AccessPay fee*)						\$	

Nominated Benefits & Personal Details Terms, Agreements, Acknowledgements and Consents

In requesting participation in my employer's salary packaging arrangements I hereby:

1. Agree to comply and continue to comply with my employer's Salary Packaging Policy and Procedures.
2. Indemnify AccessPay Pty Ltd and my employer against any tax liability (including fringe benefits tax) that arises from my participation in my employer's salary packaging arrangement and accept all responsibility for any tax liability or income tax payable as a result of not supplying supporting documentation as required.
3. Indemnify AccessPay Pty Ltd and my employer against any claim, loss, cost or damage caused through any request made by me to have access to my salary packaging details online.
4. Indemnify AccessPay Pty Ltd and my employer for any outstanding balance on my Salary Packaging and Employee Benefits Card (if applicable).
5. Authorise AccessPay Pty Ltd to request and pay their administration and Card fee as part of my salary packaging arrangement.
6. Authorise AccessPay Pty Ltd to, in the event that my AccessPay account is overdrawn, debit my Salary Packaging and Employee Benefits Card for the overdrawn amount (if applicable).
7. Authorise AccessPay Pty Ltd to provide my employer with reports relating to its administration of the salary packaging arrangement.
8. Authorise AccessPay Pty Ltd, where reasonable, to accept unsigned electronic communication from me as a request, consent, declaration or instruction.
9. Authorise my employer to provide AccessPay Pty Ltd with such information as is reasonably necessary to ensure the effective administration of the salary packaging arrangement.
10. Indemnify AccessPay Pty Ltd against any loss, claim cost or damage caused as a result of AccessPay following an employer's direction.
11. Acknowledge and understand that my salary packaging payments may not be processed until I have provided all supporting documentation. (See page 11 of the Participation Guide for details).
12. Agree to provide all documentation to support expenses claimed in a timely manner, and respond promptly to any reminders sent by AccessPay Pty Ltd to provide that supporting documentation.
13. Understand that if the supporting documentation is not provided, my salary packaging will be reduced and/or suspended until I provide that supporting documentation.
14. Understand that my salary packaging will not be back-dated for any reduced amounts.
15. Confirm that any reimbursement request made by me is in relation to expenses already paid by me.
16. Acknowledge that by providing my personal details, I have read, understood and agree to the AccessPay Privacy Policy (accesspay.com.au/privacy) and Website Terms of Use (accesspay.com.au/termsfuse) and consent to AccessPay collecting, using and disclosing my personal information in accordance with these policies.

Authority

I (your name here)

 participate in my above mentioned employer's salary packaging arrangement and I authorise the nominated salary packaging payments to be made on my behalf.

Signature:
Date:

If you have nominated to allocate funds to a Salary Packaging and Employee Benefits Card, please specify the benefit type:

- General Living Expenses
- Entertainment Benefits
- Both

Would you like to order a **partner card**?

- Yes
(Partner cardholders must be 16 years or older)
- No

If **yes**, please supply the following information for the cardholder (partner):

Partner Title:

- Mr
- Mrs
- Ms
- Miss

Partner First Name:

Partner Surname:

Partner Date of Birth:

 / /

Partner Email:

Salary Packaging and Employee Benefits Card Acknowledgements and Consents:

- 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 (accesspay.com.au/mycard) and further information on how to activate my card will be sent to me with my card.
- 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.
- 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.

Authority

I acknowledge that I have read and agree to the Terms and Conditions of the Salary Packaging and Employee Benefits Card at accesspay.com.au/terms

I have read, understood and agree to the AccessPay Privacy Policy (accesspay.com.au/privacy) and Website Terms of Use (accesspay.com.au/termsfuse) and consent to AccessPay collecting, using and disclosing my personal information in accordance with these policies.

Signature:

Date:

AccessPay Benefits Program

Everyday Savings

Your sense of financial wellbeing is about more than just how much money is in the bank on payday. It's also about how much you're able to achieve with your income; the life you're able to create and enjoy.

With our Everyday Savings program, your salary packaging funds go even further, with access to thousands of dollars worth of deals and discounts you can use again and again to save on groceries and retail shopping, dining, accommodation, even cinema tickets.

The Everyday Savings program is free with your AccessPay Salary Packaging and Employee Benefits Card, and you can access the deals via the AccessPay Mobile App.



Submit your completed forms by:

Email: customerservice@accesspay.com.au

Fax: 1300 361 498

Post: GPO Box 1238, Adelaide SA 5001

Please ensure you provide all supporting documentation relevant to your payment requests to avoid any delay in the commencement of your salary packaging arrangement.

