

AMENDMENT TO DETAILS FORM

Use this form to change details of your salary packaging, or to add new benefits.

1. Your details

Organisation name:	Payroll number:
Full name:	D.O.B: / /
Postal address:	Suburb:
State:	Postcode:
Phone number: Work: ()	Home: () Mobile:
Email address:	

2. Changes you wish to make

Change to packaging amount	Current packaging amount	Change amount to:	Date change effective (pay period)
Capped amount (e.g. mortgage, credit card, rent)	\$	\$	
Meal Entertainment Do you wish to apply for a Meals Entertainment Card? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	

CURRENT bank account details					
Account name	Bank	BSB (or Biller Code for credit card)	Account# or credit card number	Any other reference number	Fortnightly amount to be deposited
					\$
					\$
					\$

* If payment is to a credit union account please check with your credit union for correct account number.

NEW bank account details					
Account name	Bank	BSB (or Biller Code for credit card)	Account# or credit card number	Any other reference number	Fortnightly amount to be deposited
					\$
					\$
					\$

* If payment is going to a credit union account please check with your credit union for correct account number.

Instructions / Comments

3. Declaration

I confirm that the above information is true and correct. I understand that I am liable for any Fringe Benefits Tax that may be incurred due to incorrect information provided under this Salary Packaging Arrangement.

Signature: _____

Date: / / _____