

Nominated Salary Packaging Payments

Payment Description	Payment Frequency (weekly, fortnightly, monthly)	Payment Method (EFT, BPay)	Account Information			Payment Commencement Date (dd/mm/yyyy)	Payment Amount	Payment Classification (D – Expense paid direct. R – Expense reimbursed to you)
			BSB or BPay Biller Code	Account Number or BPay Reference Number	Account Name or Payee			
Example: Mortgage	Fortnightly	EFT	098123	9876543	A & B Smith	01/01/2017	\$ 85.00	D
							\$	
							\$	
							\$	
							\$	
Total Nominated Salary Packaging Payments (excluding AccessPay fee*)							\$	

*Payment of the fee will be advised to you prior to your commencement.

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.
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 that by providing my email address, I consent to AccessPay Pty Ltd emailing me with information and updates relevant to my salary packaging arrangement.
12. Acknowledge and understand that my salary packaging payments cannot be processed until I have provided all supporting documentation (see page 6 of the Participation Guide found at www.accesspay.com.au).
13. Confirm that any reimbursement request made by me is in relation to expenses already paid by me.
14. Authorise AccessPay Pty Ltd to disclose information provided herein to third parties involved in the processes, administration and management of my salary packaging arrangements, including for the purposes of facilitating the operation of the Salary Packaging and Employee Benefits Card.

Submitting your participation request

You can send your application by either:

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.

Salary Packaging and Employee Benefits Card:

If you have nominated to allocate funds to a salary packaging card, please specify the benefit type:

General Living Expenses Entertainment Benefits Both

Would you like to order a **partner card**? Yes No If **yes**, please supply following information for the card holder (partner).

Partner Title Mr Mrs Ms Miss Partner First Name

Partner Surname Partner D.O.B / /

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

Authority

I (your name here) hereby request to 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 / /
	Time :