

# Form

## Payment and Reimbursement

Fill out this form when you would like AccessPay to EITHER: **Reimburse** your nominated bank account for expenses you have already paid, or make a **Direct Payment** of a bill or invoice. Please attach the relevant supporting documents, such as tax invoices, receipts or the bill. The funds will be from your Salary Packaging account. Please refer to page 2 for supporting documentation requirements

Surname			Given Names		
Employer					
Date of Birth				Payroll No	
Contact No				AccessPay Subscriber No	

Choose <b>ONE</b>	Description of Expense	EFT, BPAY or CHQ?	BSB / BPAY Biller Code	Account Name and Account No. or BPAY Reference No. – This is where we need to send your money, whether it be back to a bank account of yours, or towards an expense	GST Amount	Amount and Total
a) Would you like us to pay your bill for you? <b>OR</b> b) Would you like us to <b>reimburse</b> you? Remember to attach your receipts.	*Attach tax invoices or the bill				\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
<i>I hereby authorise AccessPay to use my salary package funds to reimburse the amount stated on the above bank account as I have instructed</i>					<b>Total Amount Claimed</b>	\$

Signature: \_\_\_\_\_

**Note: It is your responsibility to notify AccessPay immediately of any changes to this authority**

Office Use Only

Date	SSO	Ad hoc Amount	Added to Regular
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**National Advisory Centre**

1300 133 697

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Examples of Expense Benefits	Supporting Documentation Required
Mortgage or Personal Loan (NOT investment properties)	Account details, amount owing and proof of two consecutive payments
Rent	Name, address, amount to be paid, payment details, end date or length of lease and two consecutive payments.
Credit Card	Card number, payment details, date of statement, closing balance. If reimbursement, detailed transactions showing proof of payment and date.
Education Payments (including School Fees, Child Care, HECS/HELP repayments)	Name, school, date, amount owing payment details. If reimbursement, proof of payment.
Salary Packaging Card	NAB Application form. If you aren't a current NAB Customer please go to a branch, show 100 points of ID and note your Customer Number on the Application Form.
Private Health Insurance	Policy or Member Number, amount owing, payment details, name, address, frequency of payment, period of cover date or date letter was issued, proof of payment
Household Bills (including Council Rates, Water Rates, GST and non-GST purchases)	Name of Supplier, Date, amount owing, payment details, description of goods purchased, Tax Invoice, amount of GST (if any) payable, proof of payment, supplier ABN