

# AccessPay

## Form

### AccessPay Salary Packaging and Employees Benefits Card – Application Form

**Transcriber's Note:** Information to be filled in is indicated by underscores. Check boxes are indicated by square brackets enclosing an underscore .

#### Primary cardholder

Title (Mr, Mrs, etc.) \_\_\_\_\_

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Date of birth: \_\_/\_\_/\_\_\_\_

AccessPay Subscriber No. \_\_\_\_\_

Postal address: \_\_\_\_\_

Suburb: \_\_\_\_\_

State: \_\_\_\_\_

Postcode: \_\_\_\_\_

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

Mobile No.: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Please specify the benefit type/s to be applied to your Salary Packaging Card:

General Living Expenses

Entertainment Benefits

Both

Please specify an 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 as selected above: \_\_\_\_\_

Would you like to order a partner card?

No

Yes (please complete the section below)

### **Partner card (complete if selected this option above)**

Title (Mr, Mrs, etc.) \_\_\_\_\_

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

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

Date of birth: \_\_/\_\_/\_\_\_\_

### **Acknowledgements and Consents:**

I request to receive an AccessPay Salary Packaging and Employee Benefits Card and I 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 to 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 authorise AccessPay Pty Ltd to request and pay their administration and card fees as part of my salary packaging arrangement and, in the event that my account is overdrawn, authorise AccessPay to debit the overdrawn amount from my card.

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 the Heritage, employer and my salary packaging provider for any loss arising from the use of the card by the partner cardholder.

I consent to AccessPay disclosing information providing herein to third parties involved in the processes, administration and management of the card for the purpose of facilitating the operation of the card.

Signature \_\_\_\_\_

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

Internal Use Only

NAB form required Y/N NAB form submitted Y/N Part of implementation Y/N

Associate ID Number: \_\_\_\_\_

**National Advisory Centre**

**1300 133 697**

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