Change to Salary Packaging Form

AccessPay

Please complete this form and email to AccessPay at **customerservice@accesspay.com.au**
If you would like more information, please call us on **1300 133 697** or visit **accesspay.com.au/contact-us/**

Section 1: Your details

Employer		**Position**	
Employement type	◯ Full time ◯ Part time ◯ Casual	**Subscriber ID**	
Title		**Date of birth**	DD/MM/YYYY
First name		**Last name**	
Mobile phone		**Email** (mandatory)	

Section 2: Tell us when you want these changes to take place

Changes need to be submitted a minimum of 8 business days prior to your pay day (this could vary for weekly or monthly pay cycles).
If start date is not specified, changes will take effect on your next pay date.

When would you like the changes to start?*	Would you like this payment/s to be?	
	◯ Ongoing ◯ Once off	
	◯ Short term	If short term, how many pay cycles should the change go for?

Section 3: Nominated salary packaging reimbursements

List the reimbursements to be made from the above date. Include both **continuing and changed reimbursements.** The total at the bottom will be your new total deduction. If you would like to start packaging to a card, then please complete the **Salary Packaging Card Application Form**.

Description	Amount per pay
	$
	$
	$
	$
Total nominated salary packaging payments*	$

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

Please nominate a bank account in your name to receive your reimbursement(s):

Account information		
BSB	**Account no.**	**Account name**

Section 3: Declaration

I declare and warrant that I hold (and will continue to hold) original documentation to substantiate any annual expenses that are or become included in the salary package provided to me by my employer from time to time. I understand that I am required to retain these records for a period of seven years.

I agree to indemnify my employer from and against any Fringe Benefits Tax liability incurred as a result of the parties entering into this salary packaging arrangement, including, without limitation, where I am not able to produce original documentation to support any expense when requested to do so by you or my employer.

For certain benefits you have agreed to hold and continue to hold original documentation to substantiate these annual expenses. For other benefits you will be required to supply documents. Examples of the supporting documents needed for each payment and whether you need to provide them or hold them, can be found at accesspay.com.au/supporting documents.

Section 4: Authority

I (your name here)

request that the changes shown on this form be made to my salary packaging arrangements and confirm my continuing compliance with my employer's policies and procedures. I also confirm that any reimbursement request is in relation to expenses already paid by me.

Signature

Date DD/MM/YYYY