

Salary Packaging Amendment Form

1. Your Current Details: *(Please confirm who you are and where you work)*

Organisation Name:	Payroll No:
Full Name:	Unique ID:
Contact No:	Date of Birth:
Email Address:	

2. Changes You Wish To Make: *(Please tick all that apply)*

 Change of Packaging
Amount or Expense Change of
Bank Details Change of
Contact Details

Instructions

(Please describe the change you would like to make below)

*If you would like a **Living Expenses Card** or **Meal Entertainment Card**, please contact our office on 1300 40 80 46 for further assistance.*

3. New Bank Account Details

Please complete new banks account details below. If there are no changes, please leave this section blank:

Expense Item	Bank	BSB	Account Number	Transaction Reference Number

I wish for these changes to be effective from:

4. Declaration

I confirm that the information given on this form is true and correct. I understand that SalaryPackagingPLUS will make changes to my salary packaging arrangement based on the instructions supplied and that I am liable for any loss or damages, or fringe benefits tax that may be incurred due to incorrect information provided in this form.

Signature:

Date: / /