

HOW TO COMPLETE A SALARY BENEFIT CARD PERIODICAL PAYMENT AUTHORITY FORM



To establish a regular payment on your Salary Benefits Card Account, please complete the Salary Benefit Card Periodical Payment Authority Form 0A432. Please note the mandatory sections to be completed are marked with an asterisk (*).

New Periodical Payment Authorities

Please note New Periodical Payment Authorities will only be established off an **ORIGINAL SIGNED** periodical payment application form. On completion of the authority for a new payment please forward direct to **Community Sector Banking, PO Box 585, Corrimal NSW 2518**.

Periodical Payment Amendments, Temporary Stop to Payments & Cancellations

Please note Periodical Payment Amendments, Temporary Stop to Payments & Cancellations are able to be established off a faxed or e-mail, in the circumstance that the "Identification Details" section is satisfactorily completed. Please fax forms to **02 4255 8420** or e-mail forms to **CustomerService@csbanking.com.au**

*** Account / Cardholder Details Section**

- **Account Name / Name of Organisation:** Please list in this section the organisation whom you are employed with
- **Cardholder Name:** Please list your name in this section
- **Account / Card Number:** Please list your card or account number in this section

*** Identification Details**

- **Verbal Password:** Please list your account password which was nominated on your original application form & is used to obtain account balances via telephone. If you are unsure of your verbal password please contact Community Sector Banking on 1300 550 603 for assistance.
- **Cardholder D.O.B:** Please list your date of birth in this section

*** Request Type Section**

Please nominate which service you require on your Periodical Payment Authority Form.

- **New Payment Authority:** Select "New Payment Authority" when you require an original or new additional payment to be established. * Please proceed to complete sections 1 & 5
- **Amendment Request:** Select "Amendment Request" when you require to make a change to an existing payment. * Please proceed to complete sections 2 & 5
- **Temporary Stop to Payment:** Select "Temporary Stop to Payment" when you require a one or more payment(s) to be withheld. * Please proceed to complete sections 3 & 5
- **Cancellation Request:** Select "Cancellation Request" when you do not require any further payments to be debited from your account. * Please proceed to complete sections 4 & 5

NOTE: Instructions on how to complete sections 1 – 5 can be found below. Please note you only are required to complete the sections respective to which service selection you have

nominated on your application. Please note one Authority Form is required for each different payment.

Section 1 – New Payment Authority

- **First Payment Date:** Nominate the date you want the payment to begin
- **Final Payment Date:** Nominate a final payment date, If you are unsure of the final payment date please leave blank and advise CSB at a later date.
- **Payment Frequency:** Elect the payment frequency – How often the payment is to go out
- **Payment Amount:** Elect the nominated payment amount
- **Payment Reference:** Nominate a payment reference that identifies your payment ie: Mortgage Payment, Personal Loan Repayment etc

Payee Details:

- **Account Name:** Please list the name of the account to be credited
- **Account Number:** Please list the account number to be credited – No longer than 9 digits
- **BSB Number:** Please list the BSB number to be credited – Must be 6 digits
- **Bank Name:** Please list the Bank Name of the account to be credited
- **Branch Location:** Please list the Branch Location of the account to be credited

Section 2 – Amendment Request

Please tick the relevant checkbox next to the details you require updating and complete the new details. Instructions of what details are required can be found under the instructions for “Section 1 - New Payment Details”.

Section 3 – Temporary Stop to Payment

Please nominate the dates in which you require your payment to be stopped from and when your payment is to recommence.

Please note that a payment will not be debited from your account on the date you nominate as the “Stop Payments From” date.

Section 4 – Cancellation Request

Please tick the checkbox stating you require to cancel a payment authority.

“Payment Amount”: Please list the current payment amount of your periodical payment

“Payment Reference”: Please list the payment reference of the periodical payment you require to be cancelled.

Section 5 – Acknowledgment & Customer Authorisation

Cardholder Signature: Please sign in the cardholder signature section. This section is not required to be completed if it is being sent via **e-mail** for a payment amendment, temporary stop or cancellation.

Phone Contact Details Section: Please list your telephone contact numbers in this section.