

Salary Packaging Amendment Form



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

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

2. Changes you wish to make to Packaging Amounts *(Please tick all that apply):*

<input type="checkbox"/> Change of Packaging Amount/Expense	<input type="checkbox"/> Change of Bank Details	<input type="checkbox"/> Change of Contact Details
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Instructions

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

*If you would like a **Salary Packaging Card** or **Meal Entertainment Card** please complete an ANZ Salary Packaging Card Application Form. If you would like both cards then you must complete a separate application form for each card. Please then attach to this form.*

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 Number (or Biller Code for Credit Card)	Account Number or Credit Card 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 Salary Options 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: / /