





Salary Packaging Amendment Form

We'd love to hear from you

If you have a question about this form, or any of your Salary Packaging Employee Benefits:

-  1300 402 523
-  nswhealth@salarypackagingplus.com.au
-  www.salarypackagingplus.com.au
-  PO Box 7066, Melbourne VIC 3004

Your Details

Employer Name	<input type="text"/>		
Full Name	<input type="text"/>	Payroll No.	<input type="text"/>
Contact No.	<input type="text"/>	Date of Birth	<input type="text"/>
Email	<input type="text"/>		

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 to apply for the EML salary packaging card, please visit our website to download and complete the card application form. Please contact our office on 1300 40 25 23 for further assistance.

Bank Account Details

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

<input type="checkbox"/> Use my existing bank account	OR	Financial Institution	<input type="text"/>	
		BSB Number	Account Number	<input type="text"/>
		Account Name	<input type="text"/>	
		<input type="text"/>		

I wish for these changes to be effective from:

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

I have read and agree to the Privacy Policy which can be found at <http://salarypackagingplus.com.au/Privacy>