



# Application for an Employee Benefits Card Facility

## Section 1 Business Details

Please select one scheme provider

- Visa                       MasterCard®  
 Everyday Purchase       Meal Entertainment               Leisure Accommodation and Venue Hire

Please print clearly using BLOCK letters

Business name or trading name  ABN number

Full Company name (if different from Business/Trading Name "the Employer")

Address of Registered Head Office (No P.O. Boxes)

Street   
 Suburb  State  Postcode

Company address (if different from Registered Head Office address) (No P.O. Boxes)

Street   
 Suburb  State  Postcode

Mailing address (if different from company address)

Street   
 Suburb  State  Postcode

Customer Contact Name

Customer email address  Business Telephone number  Business Fax number

Branch for card collection (employees may nominate different branch)  Branch BSB (if known)

Facility Account Name (the designated Bank Account for settlement)

BSB Number  Account Number

Total eligible employees  
 EPC       MEC       LAC

Direct Entry User ID

Would you like to communicate with the Bank by facsimile and or email? .....  Yes  No  
 If "Yes", refer to clause 11 of the Facility Terms and Conditions to determine the terms and conditions governing the use of this service.

## Acknowledgements and Consents

The Employer (i.e. business owner) hereby requests establishment of an Employee Benefits Card Facility for the Company or Business on the terms and conditions contained in the Employee Benefits Card Facility Terms and Conditions.

The Employer requests that the Bank, until further notice in writing, debit the Designated Bank Account described on page 1, with any outstanding monthly balance under the Employee Benefits Card Facilities. The Employer understands and acknowledges that;

1. the Bank may in its absolute discretion determine the order of priority of payments by it of any moneys pursuant to this request or any authority or mandate;
2. the Bank may in its absolute discretion at any time by notice in writing to the Employer terminate this request as to future debits; and
3. the Bank may, by prior arrangement and advice to the Employer, vary the amount or frequency of future debits.

The Employer has obtained and read the Employee Benefits Card Facility Terms and Conditions. The Employer acknowledges that the Employee Benefits Card Facility will be subject to the Facility Terms and Conditions.

## Section 2 Business Details

For and behalf of (*employer's name*)

this  of  year

The signatories below have been duly authorised to sign this Application Form for and on behalf of the Employer

### Signatory 1

Please print signatory name

Title

Signature 1

### Signatory 2

Please print signatory name

Title

Signature 2

Forward your application form to:



PBI Solutions Pty Ltd  
GPO Box 4174  
Sydney NSW 2001  
Fax 1300 400 514

## Section 3 PBI to Complete

Company CIS Key

Relationship Manager Name (*if applicable*)

Manager number

Telephone Number

BSB (*if known*)

PBI representative's name

Signature

Date

Product/Sub

Card Fees billed

Billing Account

Month of financial year end

Day of month statements issued

Days after statement date funds swept