



Name: \_\_\_\_\_

## CREDIT CARD REPAYMENTS

*You can Salary package your Credit Card Repayments. Please complete the relevant section below and attach the requested documentation.*

Please note Debit Cards **cannot** be packaged

<input type="checkbox"/> American Express	<input type="checkbox"/> VISA	<input type="checkbox"/> Mastercard
<input type="checkbox"/> Bankcard	<input type="checkbox"/> Diners	<input type="checkbox"/> Other.....
<b>Amount packaged:</b>		
<input type="checkbox"/> Maximum		
<input type="checkbox"/> Other amount – Please specify – \$ _____		
This benefit is paid on a <b>Reimbursement Basis</b>		
<input type="checkbox"/> I have attached copies of <b>paid</b> credit card statements dated not earlier than 12 months prior to the start date of this package <b>or</b> ;		
<input type="checkbox"/> I will submit copies of <b>paid</b> credit card statements with a <i>Reimbursement Claim Form</i> .		

**Employee's Signature** \_\_\_\_\_

**Date** \_\_\_\_/\_\_\_\_/\_\_\_\_