



Payee Details for Cash Claims

Only needs to be completed once, unless details change

Payee:

Postal Address:

Suburb:

Email:

Phone Number:

Date SBS Completed

Yes (Y) or No (N)

Preferred Payment Method:

Cheque:

OR

Direct Deposit:

Financial Institution:

Account Number:

BSB:

Account Name:

**For privacy purposes this form should be forwarded directly to Football Operations -
virginia.wise@aflnswact.com.au**

To make a claim:

To make a claim for reimbursement you require League or Association approval

Complete a Reimbursement Claim Form and forward to Administrator or Chairman for completion

Invoices/Receipts must be provided as proof of claim.

Ensure you have completed a Statement by a Supplier Form (SBS)

A new Payee Details form is required whenever your contact or bank details change.

Cheques will be posted to the address supplied.

Notifications of direct deposit payments will be made by email.