

Fringe Benefit Account Deposit Form_{AR005E}

Uniting Church SA



Fringe Benefit Account Name:

Please bank the following cheque/s into my Fringe Benefit Account:

Payer	Description of Deposit	Amount
		\$
		\$
		\$
		\$

I declare this deposit is in accordance with the Fringe Benefit Accounts Handbook.

Name

Signed

Date

Print, sign and forward the completed form to
Financial Services Team at GPO Box 2145, Adelaide SA 5001