

Remittance advice

Please print clearly in black ink. Use this form when remitting to **First State Super – Application Account**.

1. Employer details

Employer name	Employer code
<input type="text"/>	<input type="text"/>
Authorising officer (please print name)	
<input type="text"/>	
Daytime contact telephone number	Mobile number
<input type="text"/>	<input type="text"/>
Signature	Date
<input type="text"/>	<input type="text"/>

2. Remittance summary

Remittance amount
\$

Remittance method (please tick ✓ one)

Cheque Cheque number (made out to **First State Super – Application Account**)

Direct deposit DP number Date deposited

EFT BSB: 062000 Account number: 10226245 Date transferred

BPAY® Date transferred



Your **Biller Code** and **Reference Number** are available online if you register for Employer Services via our website www.firststatesuper.com.au. Alternatively, you can request these numbers by sending an **email to enquiries@firststatesuper.com.au** or calling Customer Service on 1300 650 873.

Telephone and Internet Banking - BPAY

Contact your bank or financial institution to make this payment from your cheque, savings, debit or transaction account. More info: www.bpay.com.au

3. Remittance details

> If you need more space, please complete and attach another form

FSS employer code	Pay period	Superannuation Guarantee (SG) contribution amount \$	Optional employee amount (from after-tax salary) \$	Optional employer amount (from before-tax salary) \$
Totals				



Paying by cheque

Mail this form with your cheque made payable to:
First State Super – Application Account
First State Super, PO Box 1229, Wollongong NSW 2500

Paying by direct deposit or BPAY®

Fax this form to Contributions Receipting (02) 4253 6111
or
email details to cru@pillar.com.au