

MINISTERS EXPENSE CARD

PrePaid Visa Card Personalisation Form



This form may be lodged with CCFS:

posted to:
Churches of Christ Financial Services
PO Box 5302,
South Melbourne Vic 3205

by email:

info@ccfsaustralia.org.au



Helpful hints for completing this application

- Card Owner is the Employer (Step 1), Card User is the Individual (Step 2).
- Please ensure all steps are completed where required.



Need help or have a question?

Call us on **1300 MY CCFS (1300 69 22 37)** Visit us at www.ccfsaustralia.org.au or
Email us at info@ccfsaustralia.org.au

Please use **BLOCK LETTERS** in **BLACK OR BLUE PEN ONLY** and ☒ tick required choices

STEP 1: CARD OWNER DETAILS – EMPLOYER

Already a CCFS Investor? Please provide your Investor RIM Number and go to STEP 2 or complete the following details

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Name

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ABN (if applicable)

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TFN (if applicable, otherwise write "Exempt")

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Address

State

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Postcode

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Postal Address (if different from above)

State

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Postcode

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STEP 2: CARD USER DETAILS – INDIVIDUAL

Full Name			
<input type="text"/>			
Address		State	Postcode
<input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Postal address (if different from above)		State	Postcode
<input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Phone			
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Email			
<input type="text"/>			
Signature		Date	
<input type="text"/>		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

STEP 3: PERSONALISATION OF CARD DETAILS

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