



Name: _____

CHILD MINDING

Amount: \$ _____ p.a.	Next Payment Date: ____ / ____ / ____
Amount per payment: \$ _____	
Frequency:	
Weekly	<input type="checkbox"/> Monthly
<input type="checkbox"/> Quarterly	<input type="checkbox"/> Yearly
Other.....	
Current Payment Method:	

Payment method to be used (please tick the appropriate box):

EFT - If Remunerator can pay DIRECT to Supplier electronically either weekly, fortnightly or monthly

DIRECT CREDIT - If the Supplier has either a weekly, fortnightly or monthly electronic deduction from your bank account (NOT credit card)

REIMBURSEMENT - If you pay the Supplier by cash, cheque or credit card

SUBSTANTIATION REQUIRED

Child Minder / Nanny must be State Enrolled and must provide in writing the Child Minder / Child Care provider Number PLUS

(a) **EFT** - Letter from Supplier specifying the following details:

- amount per period
- frequency of payments
- date payment due
- employee's bank account & BSB number where the payments are to be deposited

(b) **Direct Credit** - Documentation specifying the following details:

- amount per period
- frequency of payments
- date payment due
- employee's bank account & BSB number from where the payments are deducted

(c) **Reimbursement**

A copy of the receipt attached to a "Reimbursement Claim Form" at time of claim.

Employee's Signature _____

Date ____ / ____ / ____