

# Employer one-off payment form

This form is to be used to make a one-off contribution payment on behalf of an employee with an **active** Media Super membership. For multiple employees, you will need to complete this form for each employee. Complete, sign and return the form to Media Super. Visit [mediasuper.com.au](http://mediasuper.com.au) or call us for your payment options.

**Please use black or blue pen and CAPITAL letters. Use an X in boxes where required.**

## Step 1: Business details

Registered name

Trading name

ACN/ABN

Address

Suburb/town

State

Postcode

Name of contact person

Job title

Contact phone (work)

Contact phone (mobile)

Hours available for contact

Email address

## Step 2: Member and contribution details

Member number

Date of birth

Given / first name(s)

Family name

Address

Suburb/town

State

Postcode

Payment period

From:

To:

**We cannot process this request without the payment period.**

Contribution type	Employer Super Guarantee	Member voluntary (after-tax)	Salary Sacrifice (before-tax)	Total contribution amount
Amount	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

## Step 3: Declaration

- I understand and confirm that this contribution is a one-off contribution made on behalf of this employee. I do not expect to pay further contributions for this or any other employees.
- I am authorised to sign this application on behalf of the employer.

Signed on behalf of employer

 Sign here:

Date

Please provide details if the authorised signatory is different from the contact person listed above:

Full name

Position

### Privacy

Read the [Privacy Policy](http://mediasuper.com.au/privacy-policy) and [Personal Information Collection Statement](http://mediasuper.com.au/privacy-policy) at [mediasuper.com.au/privacy-policy](http://mediasuper.com.au/privacy-policy) for details about how we collect and disclose personal information or call **1800 640 886** for a copy.