

Non-Registered Employer Contribution For EFT

In response to your request to credit Christian Super with your superannuation payments via Electronic Funds Transfer (EFT), please read the instructions outlined below before submitting your payment.

To lodge a non-registered employer payment to Christian Super you must complete the attached contribution form listing the employees' details for correct allocation. This form needs to be emailed to helpdesk@christiansuper.com.au or posted to:

Christian Super
Locked Bag 5073
Parramatta NSW 2124

The essential requirements are as follows:

- Your Employer Name
- Time period the payment is covering (e.g. March to June)
- Employee's Full Name
- Employee's Date of birth
- Dollar value of transmission
- Your contact details
- Date of EFT transmission

Christian Super bank account details are as follows:

Account Name: *Christian Super*
BSB: *032 002*
Account No: *418 298*
Bank: *Westpac Banking Corporation*

If you have a non-registered employer number, please use this as your Lodgement Reference when making your EFT payment. If you are unsure of your employer number, please call our Employer Care Centre on 1300 360 907 for assistance or for any other questions.



Christian Super – CONTRIBUTION RETURN

Employer Number:

EMPLOYER NAME

MONTH (PERIOD)

- CODES FOR TERMINATED MEMBERS
- RESIGNED RS
 - RETIREMENT RT
 - DEATH DT
 - TP
 - TOTAL & PERMANENT DISABLEMENT LP
 - PARENTAL/MATERNITY LEAVE ML
 - TEMPORARY DISABLEMENT TD
 - MISSIONARY MS
 - OTHER OR

MEMBER NUMBER	MEMBER NAME	DATE OF BIRTH	NO. OF WEEKS	EMPLOYER	SALARY SACRIFICE		MEMBER VOLUNTARY		TERMINATED MEMBERS				CODE										
					Dollars	Cents	Dollars	Cents	D	M	M	Y		Y									
SUBTOTAL																GRAND TOTAL							

Contact Phone Number: _____ Contact Name: _____ Date Of Transmission: ____/____/____

Please advise any employees who have recently changed address:

1	MEMBER'S SURNAME	<input type="text"/>		MEMBER'S GIVEN NAME	<input type="text"/>		MEMBER NUMBER	<input type="text"/>		STATE	<input type="text"/>		POSTCODE	<input type="text"/>	
	NEW ADDRESS	<input type="text"/>													
2	MEMBER'S SURNAME	<input type="text"/>		MEMBER'S GIVEN NAME	<input type="text"/>		MEMBER NUMBER	<input type="text"/>		STATE	<input type="text"/>		POSTCODE	<input type="text"/>	
	NEW ADDRESS	<input type="text"/>													

NOTES

- 1) If you have an employer number, please quote it as your reference number on your EFT payment transmission.
- 2) **Please email** this contribution return immediately following your EFT payment (helpdesk@christiansuper.com.au) or post to Christian Super or attach it to your cheque and post to Locked Bag 5073 Parramatta NSW 2124.
- 3) The employees' member number, name and date of birth are required as a minimum.

If you have any questions please call our Employer Care Centre on 1 300 360 907