

Pay my vehicle registration and insurance

Please complete the highlighted fields and return to Eziway:

carleasing@eziway.net.au | PO Box 987 Pakenham Vic 3810 | eziway.net.au

Your details

Title Prof <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mx <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/>	First Name(s) <input type="text"/>	Family Name <input type="text"/>
Payroll ID <input type="text"/>	Employer Name <input type="text"/>	Total Value <input type="text"/>

Expense to be paid

Please pay my: Registration OR Insurance

Details required for payment

Item	Details
Registration Number:	<input type="text"/>
Biller Code:	<input type="text"/>
Biller Name:	<input type="text"/>
Customer Reference Number:	<input type="text"/>
Due Date:	<input type="text"/>
Total Amount Owing:	<input type="text"/>

Declaration

- I declare I have incurred motor vehicle expenses to the total value shown above.
- I declare that these expenses have not been claimed or reimbursed previously through Salary Packaging.
- I understand I will be liable for any Fringe Benefits Tax incurred as a result of providing incorrect information to Eziway.

Signature

Date <input type="text"/>	Signature <input type="text"/>
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Disclaimers:

The information contained above on electronic and printed collateral is for information purposes only. Whenever you are making decisions that affect your income and financial affairs, you should consider seeking independent financial advice | E. & O. E. | Copyright 2025 Eziway Salary Packaging |



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