



Remittance advice

Please print clearly
in **BLACK** ink.

Employer details

Employer name

Employer number

Authorising officer (please print name)

Signature

Date

Remittance summary

Remittance amount

Month

Remittance method (please cross one box)

Cheque (made out to State Super)

Cheque number

Direct deposit

DP number

EFT by fax by email

Remittance details

SASS Invoices or SSS Invoices (mark applicable invoice with a cross)

Invoice or reference no.	Employee amount	Employer amount	Basic Benefit	Total
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

SSS employee contributions

Normal units	Reserve units	Pay period	Total
			\$
			\$
			\$
			\$

Extraordinary payments

Please credit: \$ _____ directly to SASS Reserve
 \$ _____ directly to SANCS (BB) Reserve
 \$ _____ directly to SSS Reserve

What you do next

Paying by cheque

Mail this form with your cheque to
STC General Account
PO Box 1229
Wollongong NSW 2500

Paying by direct deposit or EFT

Fax this form to Contributions Receipting
fax no (02) 4253 1558
or
email details to cru@pillar.au

Office use only

Date entered

Signature

Name (please print)