

Remittance advice

Please print clearly in black ink.

Use this form when remitting to State Super

Employer details

Employer number

Employer name

Authorising officer

Signature

Date (DD-MM-YYYY)

Remittance summary

Remittance amount

\$

Month

Mark one box with a cross

Remittance method

Cheque

(made out to State Super)

Cheque number

Direct deposit

DP number

EFT

by email

If you need help with this form

Contact your Employer Support Officer between 8:30am and 5:30pm AEST from Mon–Fri on 1300 142 708 or email STC_Employer@mercero.com

