

	<p align="center"><b><u>Individualised Funding Bureau Payment Authorisation Form</u></b></p> <p align="center">Bureau: Anyone who is not the agent or client</p> <p align="center">This form authorises Enliven to pay invoices direct to bureau. Form to be completed by Client/Agent. Please print information clearly.</p> <p align="center"><b>This form must be submitted at least one week prior to the first payment submission.</b></p>
<b>Client Name</b>	
<b>Agent Name</b>	
<b>Bureau Name</b>	
<b>Bureau Address</b>	
<b>Bureau Phone Number</b>	
<b>Bureau Email</b>	

Bank Account Details																	
<b>Bank Account Name</b>																	
<b>Bank Account Number</b>			-					-									

Invoice Requirements
<p>All invoices submitted must comply with Whaikaha – Ministry of Disable People’s responsibilities which requires the following information:</p> <ul style="list-style-type: none"> <li>• Clients name</li> <li>• Date</li> <li>• Worker or business name</li> <li>• Worker or business address and phone number</li> <li>• GST number, if applicable</li> <li>• Dates and time of service delivery</li> <li>• What service was provided</li> <li>• Cost of the service</li> </ul>

Submission Process
<p>Bureau form must be submitted at least one week preior to first payment submission deadline. Bureau must send invoices to the client/agent who will complete an invoice template and submit both documents to Enliven for processing. Enliven may decline processing an invoice if it does not meet the invoice requirements, or the Whaikaha - Ministry of Disabled People’s criteria for disability support services.</p>

Payment Terms
<p>Invoices are processed fortnightly per Enliven’s payment process cycle. Invoices may be processed less frequently between late December and mid-late January due to PSN account closure dates for holidays. This will be advised yearly. The client/nominated agent is responsible for informing Enliven of any changes to the above details.</p>

<b>Client/Agent Signature:</b>	
<b>Date:</b>	

<b>Office Use Box</b>	Date	Signature
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