



Individualised Funding Bureau Payment Authorisation Form

Bureau: Anyone who is not the agent or client
 This form authorises Enliven to pay invoices direct to bureau. Form to be completed by Client/Agent. Please print information clearly.
 This form must be submitted at least one week prior to the first payment submission.

Client Name	
Agent Name	
Bureau Name	Mycare Ltd
Bureau Address	61 Constellation Drive Rosedale, Auckland 0632
Bureau Phone Number	0800 677 700
Bureau Email	hello@mycare.co.nz

Bank Account Details	
Bank Account Name	Mycare Limited
Bank Account Number	1 2 - 3 1 0 9 - 0 1 4 6 3 1 4 - 0 0

Invoice Requirements
<p>All invoices submitted must comply with IRD GST legislation which requires the following information:</p> <ul style="list-style-type: none"> • Clients name • Date • Worker or business name • IRD or GST number • Worker or business address and phone number • What service was provided (personal care, respite care, household management) • Cost of the service

Submission Process
<p>Bureau form must be submitted at least one week prior to first payment submission. 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 Ministry of Health'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>

Client/Agent Signature:	
Date:	

Office Use Box	Date	Signature
-----------------------	------	-----------