



Payment Assistance Form

Complete this application, and please email it to our Financial Hardship team at supportme@cubevoice.com.au.

IMPORTANT: Ensure all questions on the form are answered. Once your application is submitted, we will reach out to discuss your request and gather any additional information based on the option(s) you've selected. For further details about our financial hardship process, please refer to our Payment Assistance Policy.

Applicant Information

Full Name:	
Authorised Representative:	
Company Name:	
Address:	
Contact Details:	Phone:
	Email:

Account Info

Account Number:	
Service Types:	
Current Balance:	

Supporting Documentation

You may be required to provide documentation to support your application. If you are unable to provide supporting documents, please complete the self-declaration below.

Assistance Details

Reason:	
Supporting Documents:	<input type="checkbox"/> Payslips <input type="checkbox"/> Medical Certificates <input type="checkbox"/> Termination Letter <input type="checkbox"/> No Supporting Documents (Self-Declaration)

Payment Options

Which option(s) do you think may best assist you?

<input type="checkbox"/>	Option 1: Payment Extension. I can make full payment by ____/____/_____. Please note we do not allow payment extensions beyond the due date of your next bill. If you require a longer payment extension for your current bill, please select Option 4: Payment Plan.
<input type="checkbox"/>	Option 2: Discount a Late Payment Fee You will continue to receive your monthly bill, but we will remove the \$15 late payment fee until the outstanding amount has been paid in full.
<input type="checkbox"/>	Option 3: Payment Plan (select if you have a current debt): In addition to my ongoing monthly plan fees, I can afford to repay a maximum of \$ _____ toward my current debt. <input type="checkbox"/> Week <input type="checkbox"/> Fortnight <input type="checkbox"/> Month I understand that during my payment plan, I will still need to pay future invoices for my ongoing monthly plan fees by their due dates.
<input type="checkbox"/>	Option 4: Restrictions <input type="checkbox"/> Restrict Outgoing Calls <input type="checkbox"/> Restrict Outgoing SMS/MMS <input type="checkbox"/> Restrict Data Usage <input type="checkbox"/> Suspend SIM Card <input type="checkbox"/> Suspend Licences
<input type="checkbox"/>	Option 5: Remove Non-Essential Features <input type="checkbox"/> International Calls <input type="checkbox"/> Data Top Ups Please note: if disabling these features has a cost attached, we will waive those costs until instructed to enable features moving forward.
<input type="checkbox"/>	Option 6: Transfer to More Affordable Plan This can be temporary or on-going.
<input type="checkbox"/>	Option 7: Non-Automatic Payment Paying my debt would be easier if I could pay off my bill sporadically, at different times throughout the month.
<input type="checkbox"/>	Option 8: Alternate Payment Schedule <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly It would be easier for me to manage my expenses if my ongoing bills were divided into smaller, equal payments.
<input type="checkbox"/>	Option 9: Change My Monthly Due Date I would like to change the due date of my monthly bill. My preferred due date is _____ of each month

The personal information collected through this form will be used to assess and manage your request for assistance. By submitting this form, you acknowledge that you have read the CUBE Voice & Data Privacy Policy available on the Policies page of the CUBE Voice & Data website. You also consent to the collection, use, and disclosure of your personal information by CUBE Voice & Data for this purpose and any other purposes outlined in the CUBE Voice & Data Privacy Policy.

You can contact us regarding financial hardship issues as follows:

Name: Trent Goodall

Position: Financial Hardship Officer

Email: supportme@cubevoice.com.au

(all hours – processed during business hours)

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