							2		
		CENTREPA		N AUTHO	RITY				
	(To be	e used only if the custo	omer cannot set u	p a deductio	on through N	lyGov)			
Fai	mily Name		Given Na	ame(s)					
Da	te of Birth	Phone Number		Ema	ail address				
	/ /								
CE	NTRELINK CUSTOMER REF	ERENCE NUMBER				_		-	-
Scł	nool / Business Unit	S	chool /Business	s Unit Custo	omer Numb	er			
Туј	pe of Request:								
	1. Start a new deduction	on 🗆 d	Complete Part A a	nd D					
	2. Change a current de	duction 🗌 c	Complete Part B a	nd D					
	3. Cancel a current ded	luction \Box C	Complete Part C a	nd D					
Α.	Start a new deduction From which payment do Benefit or Parental Leave		tion to be taken	(e.g. Age Pe	ension, New	vstart Allo	wance	, Famil	у Тах
	What amount do you wa The minimum Deduction \$		ay is \$10.						
	Which payment date do Your next available paym Or A future payment date (u	ent date 🛛	Г	from? /	/				
	Do you want to specify a Your deduction will stop No, just continue it until Or Yes, stop at target amou	if it is cancelled or if cancelled □		get amount	or end date	2.			

	Yes, stop at end date				/	/		7
в.	To CHANGE your current deduction or							target amount
	CHANGE your current deduction PERMA	NENT	ΓLY					
	New deduction amount - each fortnight			Start da	ate fo	or the ch	ange	
	\$				/	/		
	OR							
	CHANGE your current TARGET AMOUNT for deductions							
	New Target Amount		Start date for the change					
	\$			/		/		
C.	To CANCEL your current deduction	enav	dedu	uction M	lake «		have othe	er arrangements in plac

Note: You are about to cancel your Centrepay deduction. Make sure you have other arrangements in place if required

From what date do you want the deductions to stop?

Your next available payment date \Box or a future payment date of

D. Authorisation – read, sign and date the statement (MUST be completed)

I give permission for ______ School / Business Unit to disclose my information to the Department of Human Services for the purposes of checking my account number, billing number and amount I want to pay, and reconciling my payment Deduction details.

I also give permission for ______ School / Business Unit to give the Department of Human Services my correct account and billing number if required.

I understand that:

I can change or cancel my Deduction at any time; and further information about Centrepay can be found online at humanservices.gov.au/centrepay

If my deduction has a target amount and the final deduction is set to pay less than \$2, my second last deduction will be increase by up to \$2 to cover the final amount.

If I stop using the Business but do not stop my Centrepay deduction(s), the business may instruct the Department of Human Services to stop the deduction(s).

Your Signature

	/	/	

IMPORTANT INFORMATION

Date

/

/

The Department of Education is collecting your personal information on this form for the purposes of confirming your consent to set up Centrepay arrangements for certain school fees (resources scheme, excursions etc.) or fees and charges pertaining to debts owing to the department. This form will be submitted to Centrelink centrepay as evidence of your consent for this arrangement and will allow your nominated school or business unit, on your behalf, to set up centrepay deductions, vary deductions or cancel deductions under the directions set out in the Centrelink centrepay procedural guide for businesses. We will only use your information for this purpose. It will otherwise not be used or disclosed unless authorised or required by law. If you have any concerns about the use and disclosure of your personal information on this form please contact the relevant school or business unit in the first instance.