

CENTREPAY DEDUCTION AUTHORITY

(To be used only if the customer cannot set up a deduction through MyGov)

Parent Family Name	Parent Given Name(s)					
Date of Birth Phone Number			Email a	ıddress		
/ /						
CENTRELINK CUSTOMER		_		-		
Student Family Name	Student Given Name(s)					
School / Business Unit: Ca	aloundra State School	School /Bus	siness Unit Cu	stomer Nur	mber: 55 5	5 083 824 T
Type of Request:						
1. Start a new dedu		omplete Part A ar	nd D			
2. Change a current		omplete Part B an	nd D			
3. Cancel a current of	deduction \square Co	omplete Part C an	nd D			
A. Start a new deduction From which payment Benefit or Parental Le	do you want the deducti	ion to be taken (e.g. Age Pens	ion, Newsta	irt Allowan	ce, Family Tax
What amount do you The minimum Deduct \$	want deducted? ion amount for Centrepa	ny is \$20.				
Your next available pa	do you want the deduct	ion(s) to start fi	rom?			
Or A future payment dat	e (up to 8 weeks in adva	nce)	/ /			
Your deduction will st No, just continue it ur	fy a target amount or en op if it is cancelled or if yntil cancelled □		et amount or o	end date.		
Or Yes, stop at target am	ount 🗆	\$				

	Or Yes, stop at end date □	/ /						
В.	To CHANGE your current deduction or	, ,		target an	ount			
	CHANGE your current deduction PERMANENT	ΓLY		0				
	New deduction amount - each fortnight	Start date for the o	change					
	\$	/ /						
	OR							
	CHANGE your current TARGET AMOUNT for d	leductions						
	New Target Amount	Start date for the o	change					
	\$	/ /						
C. To CANCEL your current deduction Note: You are about to cancel your Centrepay deduction. Make sure you have other arrangement required								
	Your next available payment date or a fut	•		/	/			
D.	Authorisation – read, sign and date the st	tatement (MUST be co	mpleted)					
	thorise the Australian Government Department of H nominated Centrelink account and pay the amount m.				_			
_	ve permission for Caloundra State School / Business purposes of checking my account number, billing nuals.		· ·					
	so give permission for Caloundra State School / Busin billing number if required.	ness Unit to give the Depart	tment of Human	Services my	y correct ac	count		
l un	derstand that:							
	n change or cancel my Deduction at any time; and fuvicesaustralia.gov.au/centrepaybusiness	urther information about Co	entrepay can be	found onlin	e at			
	ly deduction has a target amount and the final deduup to \$2 to cover the final amount.	ction is set to pay less than	\$2, my second l	ast deductio	on will be ir	ıcrease		
	stop using the Business but do not stop my Centrepa vices to stop the deduction(s).	ay deduction(s), the busines	ss may instruct tl	ne Departm	ent of Hum	ian		
		Your Signature	Date	/	/			

IMPORTANT INFORMATION

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.