



CENTREPAY DEDUCTION AUTHORITY

NAME:	CRN: _____
NAME OF CENTRELINK PAYMENT:	DEDUCTION AMOUNT: \$

I authorise the Department of Human Services to make a Deduction each fortnight from my Centrelink payment and pay this amount to St Joseph's School CRN 555-129-678L for the payment of school fees commencing from ____ / ____ / ____.

Option 1 – Setting up a target amount

I request that this fortnightly Deduction continue until the target amount of \$_____ is reached. **Note if a Deduction has a target amount and the final Deduction is set to pay less than \$2, the second last Deduction will be increased by up to \$2 to cover the final amount.*

OR

Option 2 – Setting up an end date

I request that this fortnightly Deduction continue until ____ / ____ / ____ is reached.

Option 3 – Selecting neither option 1 nor option 2

I confirm that this deduction has no target amount and no end date.

I give permission for St Joseph's School 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 St Joseph's School 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

Customer Signature: _____

Date of Birth: _____

Date: _____

Office use only	
Submitted Date:	_____
Account No:	_____
Signature:	_____