



Australian Government
Services Australia

CENTREPAY DEDUCTION AUTHORITY CONSENT FORM

Whites Hill State College Business Centrelink Reference
Number 555 063 682 C
Reason for Deduction – Education Fees



I _____ (Parent/Guardian), hereby authorise Services Australia to make a deduction each fortnight from my Centrelink payment and direct this amount to **Whites Hill State College**.

I give permission for Whites Hill State College to disclose my information to the Services Australia 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 my permission for Whites Hill State College to give the Services Australia 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 at <https://www.servicesaustralia.gov.au/individuals/services/centrelink/centrepay>
- If my deduction has a target amount and the final deduction amount is set to pay less than \$2, my second last deduction will be increased to cover the final amount.
- If I stop using the business but do not stop my Centrepay deductions the business may instruct the Services Australia to stop the deduction.

CUSTOMER INFORMATION AND CONSENT:

Given Name: _____ Family Name: _____

Customer Reference Number (CRN):

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Date of Birth: ____ / ____ / _____ Payment type (Family Tax Benefit, Newstart, Pension): _____

Amount per fortnight: \$ _____ (minimum \$10)

Open/ongoing payment or Target amount: \$ _____

Payment start date: Next Payment date: or Future payment date: ____ / ____ / _____

Student Name/s	Year level	School resources/activities to be covered	Amount
TOTAL			\$

Customer Signature: _____ Date: ____ / ____ / _____