

**Centrepay Deduction Authority**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Customer’s full name* *Customer’s CRN* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_authorise the Department of Human Services to make a Deduction of $\_\_\_\_\_\_ each **fortnight** from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*name of Centrelink payment* and pay this amount to **Capalaba State College** *CRN* 555-084-647-K for **Education** commencing from\_\_\_\_\_\_\_\_\_\_\_\_\_ *start date*.

**PLEASE CHOOSE:**

 **Option 1 - Setting up a target amount**

 I request that this deduction per fortnight 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 deduction continue until ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_*end date* is reached.

OR

 **Option 3 – Continue until cancelled**

I give permission for **Capalaba State College** 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 **Capalaba State College** 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_