GIN GIN STATE SCHOOL

Centrepay Deduction Authority- Written

I [_____]   [_____]

  Customer's full name   *Customer's CRN*

authorise the Department of Human Services to make a Deduction of [$] each fortnight from

my Centrelink payment [_____] and pay this amount to **GIN GIN STATE**

SCHOOL CRN: **555 127 405A** for Education related purposes commencing from [………/………./……….]

Option 1 - Setting up a target amount

I request that this deduction of [$] continue until the target amount of [$]
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 or ongoing

I request that this deduction of [$] continue ongoing **OR** until [………/………./……….]

I give permission for **GIN GIN STATE 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 **GIN GIN STATE 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: Entered by: ……………………………………………… Date: ………………………..

INV / SUBCC _____ (circle one option)