

**CENTREPAY DEDUCTION AUTHORITY**

**CRN 555 073 532V**

Customer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CRN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB:\_\_\_\_ /\_\_\_\_/\_\_\_\_\_

Deduction Amount: $\_\_\_\_\_\_\_\_\_\_ per fortnight

Payment Benefit:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for deduction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Commencement date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Option 1:**

**I request that this deduction is ongoing - YES / NO**

**Option 2:**

I request that this deduction will continue until the target amount of $\_\_\_\_\_\_\_\_\_\_\_ is reached. YES / NO

**Option 3:**

I request that this deduction is stopped on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

I give consent for:

• Rosewood State High School to the disclosure of information between the participating business and the Agency, including for the purposes of the Privacy Act

• I understand that I can change or cancel my deduction at any time and further information about centrepay can be found online at: <https://www.servicesaustralia.gov.au/organisations/business/services/centrelink/centrepay-businesses>

• I acknowledge that the information that I have provided is true and correct.

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Customer signature Date

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