TAYLORS LAKES SECONDARY COLLEGE No. 8787

Centrepay Deduction Authority

Customer Name: _____

Centrelink Reference Number: ☐☐☐ - ☐☐☐ - ☐☐☐ - ☐

I authorise the Department of Human Services to make a Deduction of $_____ each fortnight from

my Centrelink _____ payment and pay this amount to Taylors Lakes

Secondary College, CRN 555-130-959-B being for _____ (reason)

commencing from _____ / _____ / 20_____.

Please select one of the following options to apply to your deduction:

☐ **Starting 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

☐ **Setting up an End Date**

I request that this deduction of $ _____ continue until _____ / _____ / 20_____.

OR

☐ **Neither option 1 or option 2**

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

I give permission for Taylors Lakes Secondary College to disclose my information to the Department of Human Services for the purpose of checking my account number, billing number and amount I want to pay, and reconciling my payment Deduction details.

I also give permission for Taylors Lake Secondary 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: _____

Customer Name: _____

Date of Birth: _____ / _____ / _____

Phone Number: _____

Date: _____ / _____ / _____