



Centrelink Centrepay Deduction Authority Form

By completing this form, you are providing consent to Wonthaggi Primary School to start Centrepay deductions. The information collected in this form is confidential and is stored securely.

Centrepay Account Holder Information

First Name: _____
Middle Name: _____
Last Name: _____
Date of Birth: _____
Centrelink Reference Number: _____
Payment Type: _____
(eg. Family Tax Benefit/Newstart/Pension.)

Details of the payment

This is a one off payment Start Date: _____
Deduction Amount: _____

This is a regular payment Start Date: _____
Target Amount: _____
Fortnightly payment (min \$20): _____
Final Payment date: _____

I authorise the Department of Human Services to make a deduction as detailed above, from my Centrelink payment and pay this amount to **Wonthaggi Primary School** for Education Expenses.

I give permission for Wonthaggi Primary 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 Wonthaggi Primary School to give the Department of Human Services my correct account and billing number if required.

I have sufficient funds available to make this payment

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: _____

Contact Phone number _____