



Service provider's Centrepay Reference Number: 555 121 850X

CENTREPAY DEDUCTION AUTHORITY

I authorise the Department of Human Services to make deductions commencing from my next available payment as per the details below:

Parent/legal guardian details

Surname: _____ First Name: _____

Centrelink Reference No: _____

Date of Birth: _____ Contact No: _____

Amount to be deducted fortnightly \$ _____

Name of Centrelink Payment: _____

Name of Student/s: _____

Option 1.

Please continue deductions until I authorise cancellation

Option 2.

Please continue deductions until a target amount of \$ _____ is reached

Option 3.

Please continue deductions until _____ (date)

I give permission for Seaford Park 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 Seaford Park Primary 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: _____