

**CENTREPAY DEDUCTION AUTHORITY
SUNNYBANK STATE SCHOOL**

CENTRELINK REFERENCE NUMBER: 555-089-491-X

Parent/Carer Name:

NAME:	
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DATE OF BIRTH:	/ /
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OFFICE USE Ref:	
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PHONE NUMBER	
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EMAIL ADDRESS	
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Student's name/s:

NAME:	
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CENTRELINK REF NUMBER:		-		-		-	
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START A NEW DEDUCTION:

I authorise the Australian Government Department of Services Australia to make the deduction and pay the amount to Sunnybank State School for Education expenses, as I have directed below:

FROM WHICH PAYMENT?		e.g. Family Tax Benefit, Newstart Allowance
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DEDUCTION AMOUNT:	\$ PER FORTNIGHT	Minimum of \$10 pf per student
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COMMENCING FROM:	<input type="checkbox"/> Next available payment	
OR	<input type="checkbox"/> / /	A future payment (up to 8 weeks in advance)

I request payment continue until:

- 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**;
-/...../..... date is reached **OR**;
- Continue until cancelled.

TO CHANGE YOUR CURRENT DEDUCTION

I want to:

- CHANGE TARGET** amount to: \$_____ (**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**;
- CHANGE DEDUCTION** amount to \$_____ per fortnight **OR**;
- CANCEL** current deduction. Deduction to stop: next available payment date **OR**:
/...../..... A future payment date.

I give permission for Sunnybank State School to disclose my information to the Department of Services Australia 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 Sunnybank State School to give the Department of Services Australia 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 ____/____/____

IMPORTANT INFORMATION

The Department of Education is collecting your personal information on this form for the purposes of confirming your consent to set up Centrepay arrangements for certain school fees (resources scheme, excursions etc.) or fees and charges pertaining to debts owing to the department. This form will be logged electronically with Centrepay as evidence of your consent for this arrangement and will allow your nominated school or business unit, on your behalf, to set up centrepay deductions, vary deductions or cancel deductions under the directions set out in the Centrelink centrepay procedural guide for businesses. We will only use your information for this purpose. It will otherwise not be used or disclosed unless authorised or required by law. If you have any concerns about the use and disclosure of your personal information on this form please contact the relevant school or business unit in the first instance.