

Department of Education



| Dat | te of Birth | Phone Number | Email address | | | | |
|-----|--|---------------------------|--|--|--|--|--|
| | / / | | | | | | |
| CEI | NTRELINK CUSTOMER REFE | RENCE NUMBER | | | | | |
| | nool / Business Unit <u>Picnic (</u> De of Request: | Creek State School | School /Business Unit Customer Number 555 125 531 V | | | | |
| | Start a new deduction Change a current deduction Cancel a current deduction | uction 🗌 Co | omplete Part A and D omplete Part B and D omplete Part C and D | | | | |
| Α. | Start a new deduction From which payment do you want the deduction to be taken (e.g. Age Pension, Newstart Allowance, Family Tax Benefit or Parental Leave Pay)? | | | | | | |
| | What amount do you want o The minimum Deduction amo \$ | | \$10. | | | | |
| | Which payment date do you Your next available payment Or A future payment date (up to | date 🗆 | s) to start from? | | | | |
| | Do you want to specify a tar Your deduction will stop if it No, just continue it until cano Or | is cancelled or if you re | te? each a target amount or end date. | | | | |
| | Yes, stop at target amount Or | | \$ | | | | |
| | Yes, stop at end date | | | | | | |

B. To CHANGE your current deduction or target amount CHANGE your current deduction PERMANENTLY

| New deduction amount - each fortnight | Start date for the change | | | | | | | |
|--|---------------------------|--|--|--|--|--|--|--|
| \$ | | | | | | | | |
| OR | | | | | | | | |
| CHANGE your current TARGET AMOUNT for deductions | | | | | | | | |
| New Target Amount | Start date for the change | | | | | | | |
| \$ | / / | | | | | | | |

C. To CANCEL your current deduction

Note: You are about to cancel your Centrepay deduction. Make sure you have other arrangements in place if required From what date do you want the deductions to stop?

Your next available payment date
or a future payment date of

|--|

D. Authorisation - read, sign and date the statement (MUST be completed)

I give permission for ______ School / Business Unit 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 ______ School / Business Unit 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

If my deduction has a target amount and the final deduction is set to pay less than \$2, my second last deduction will be increase by up to \$2 to cover the final amount.

If I stop using the Business but do not stop my Centrepay deduction(s), the business may instruct the Department of Human Services to stop the deduction(s).

Your 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 submitted to Centrelink 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.