



Centrepay Deduction Authority

I, _____ DOB: / /
(Full Name as on card)

CRN _____ - _____ - _____ - _____ authorise the Department of Human Services
(Your Centrelink Reference Number)

to make a Deduction of \$ _____ each fortnight from my _____
(amount) *(name of Centrelink payment)*

and pay this amount to St. Peter's College CRN 555 069 833 S for Education Fees commencing
from / / .
(date)

I request that this deduction of \$ _____ continue until my St. Peter's College
(amount)
account is paid in full.

I give permission for St. Peter's College 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 St. Peter's College to give the Department of Human Services my correct account and billing number if required.

Please 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.

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: _____

Office Use Only:	Debtor ID: _____
	Date Received: _____
	Entered By: _____