



## 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    /    /    . Contact No: \_\_\_\_\_  
(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](http://humanservices.gov.au/centrepay)

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student/s Name: \_\_\_\_\_

<b>Office Use Only:</b>	Debtor ID: _____
	Date Received: _____
	Entered By: _____