



Caboolture State High School Centrepay Deduction Authority Consent Form

Date: _____ Student name: _____ House Group: _____

I _____ CRN: _____

Authorise the Department of Human Services to make a Deduction of \$ _____ each fortnight from my Centrelink payment: _____ (e.g. Age Pension, Newstart Allowance, Family Tax Benefit or Parental Leave Pay) and pay this amount to Caboolture SHS CRN 555-060-157-J for school fees and expenses commencing from ____/____/____

Option 1 – Setting up a target amount

I request that this deduction of \$ _____ continue until the target amount is reached.

*Note if a Deduction has a target amount and the final Deduction is set to pay is less than \$2, the second last deduction will be increased by up to \$2 to cover the final amount.

OR

Option 2 – Setting up an end date

I request that this deduction of \$ _____ continue until ____/____/____ is reached.

Option 3 – Selecting neither Option 1 nor Option 2

I confirm that this Deduction has no target amount and no end date.

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**
- I give permission for Caboolture SHS to disclose my information to the Department of Human Services for the purpose of checking my account number, billing number, the amount I want to pay and reconciling my payment Deduction details.
- I also give permission for Caboolture SHS to give the Department of Human Services my correct account and billing number if required.

Customer signature: _____

Phone number: _____

Date of Birth: _____

Date: _____

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