CENTREPAY DEDUCTION AUTHORITY

IMPORTANT INFORMATION

Privacy and your personal information

Your personal information is protected by law, including the *Privacy Act 1988*, and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.

Your information may be used by the department or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law.

You can get more information about the way in which the Department of Human Services will manage your personal information, including our privacy policy at humanservices.gov.au/privacy or by requesting a copy from the department.

PART A — Your detail	is
Family name	
Given name(s)	
Your date of birth	Phone number
/ /	()
Your Centrelink Referen	ce Number
PART B — Type of rec (For more than one ded	quest uction a separate form needs to be completed)
If you want to:	
1. START a new deduction	You must complete PARTs C, D and G
2. CHANGE a current deduction	You must complete PARTs C, E and G
3. CANCEL a current deduction	You must complete PARTs C, F and G

PART C — Service provide	r's details	
(MUST be completed to start,	change or cancel a dedu	ıction)
Service provider's name		
BALDIVIS SECOND	ARY COLLEGE	
Service provider's address		
STILLWATER DRIVE		
BALDIVIS	Postcode	6171
Service provider's phone numb	er	
(08) 9523 3600		
Service provider's Centrepay	Reference Number	
service provider you are making starts with 555. 5 5 5 - 1 0 0 - 2 Your account number with the	5 7 - H	·
Appenir number with the	service hravidet	
Reason for payment (e.g. gas, el	ectricity water private	rent)
	out toilly, mater, private	
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PART E — to CHANGE your current deduction		DADT O Authorization wood also and date the statement	
CHANGE your current deduction permanently by providing a start		(MUST be completed)	
		PART G — Authorisation – read, sign and date the statement (MUST be completed) 1 authorise the Australian Government Department of Human Services to make the nominated deduction and pay the amount to the service provider (or as they direct). 1 give permission for: • the information I have provided on this form to be given by Human Services to the service provider (or their agent). • the service provider I have nominated on this form to provide my correct account or billing number to Human Services if required. 1 understand that: • if my deduction has a target amount and the final deduction is set to pay less than \$2, my second last deduction will be increased by up to \$2 to cover the final amount. • if I have a current Centrepay deduction and I lodge a new claim, that the existing deduction(s) will not be carried over to the new payment. • if I have a current Centrepay deduction and I transfer to another eligible Centrelink payment in the future that my deductions will continue. • it is my choice to have this amount deducted from my Centrelink payments, and I can change my Centrepay deduction at any time. • if I stop using the service provider but do not stop my Centrepay deduction, the service provider may instruct Human Services to stop the deduction.	
	you know your target amount has emains and your deductions will stop.	Services to stop my previous deduction. when a payment has been made to a service provider after my deduction authority has been cancelled or suspended, Human Services may be able to assist me to recover the Centrepay	
Do you want to change your	deduction amount?	deduction.	
· <u> </u>	deduction amount Go to PART G	 if my deduction is for rent, any updates I make to my Centrepay deduction for rent will not automatically update my rent assistance. I will need to contact Human Services and update this separately. 	
PART F — to CANCEL your o	eurrent deduction	Your signature or enter name	
Note: You are about to cancel you have other aπangements i	your Centrepay deduction. Make sure n place if required. If you would like to e future, a new Centrepay request will		
	you want the cancellation to take	Date / / Tick this box to confirm digital signature	
Your next available payment da	ate OR A future payment date / /		