



**FOXWELL STATE
SECONDARY COLLEGE**
IN SCIENTIA OPPORTUNITAS

Foxwell State Secondary College – Centrepay Deduction Authority Form

I, _____; Customer's CRN: _____ authorise Services Australia to make a Deduction of \$ _____ each fortnight from my _____ (name of Centrelink payment) and pay this amount to Foxwell State Secondary College, CRN: 555 132 153B for education expenses commencing from _____.

Option 1 – Setting up a target amount

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

- * **Note:** if a Deduction has a target amount set, the final Deduction will increase by up to \$2 to cover any remaining amounts of less than \$2.

OR

Option 2 – Setting up an end date

I request that this deduction of \$ _____ continue until date: _____ is reached.

Option 3 – selecting neither option 1 nor option 2

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

Australian Privacy legislation protects your personal information. I give permission for Foxwell State Secondary College to disclose my information to Services Australia for the purpose of checking my account number, billing number and amount I want to pay, and reconciling my payment Deduction details.

I understand that I can change or cancel my Deduction at any time, and further information about Centrepay can be found online at **servicesaustralia.gov.au/centrepay**

Customer Signature:

Date of Birth:

Date: