

### Foxwell State Secondary College – CentrePay Deduction Authority Form

I, \_\_\_\_\_; *Customer's CRN:* \_\_\_\_\_ authorise Services Australia to make a Deduction of \$ \_\_\_\_\_ each fortnight from my \_\_\_\_\_ 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 purposes 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 **[servicessaustralia.gov.au/centrepay](https://servicessaustralia.gov.au/centrepay)**

Customer Signature:

Date of Birth:

Date: