Centrepay Deduction Authority



Personal Details
Name:
Date of birth: / /
CRN:
Name of Centrelink payment:
Commencement date of fortnightly deductions:
Options (please choose one)
☐ Target Amount
I request that the fortnightly deduction will continue until the target amount is reached.
Fortnightly deduction amount: \$
Target amount: \$
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.
☐ End Date
I request that the fortnightly deduction will continue until the end date is reached.
Fortnightly deduction amount: \$
End date: / /
☐ No Target or End Date
I confirm that this deduction has no target amount or end date, and will continue until I request to cancel.
Fortnightly deduction amount: \$
By signing this form I authorise Services Australia to use the details provided above to make a deduction each fortnight from my Centrelink payment and pay Xavier College (55 065 499B) for school fees.
I give permission for Xavier College to disclose my information to Services Australia for the purpose of checking maccount number, billing number and amount I want to pay, and reconciling my payment deduction details.
I give permission for Xavier College to give Services Australia my correct account and billing number if required.
I understand that I can change or cancel my deduction at any time.
I understand that further information about Centrepay can be found online at servicesaustralia.gov.au/centrepa
Signature Date
August 2024