



WANGGANGARLI
MIRNUMAYALANGU
Roebourne District High School

Centrepay Deduction Authority

_____ *Customer's full name* _____ *Customer's CRN*
I authorise Services Australia to make a Deduction of of \$_____ each fortnight from my Centrelink payment _____ and pay this amount to Roebourne District High School CRN 555 061 736 K for the School Nutrition Program commencing from date: ___/___/___.

Student's first Name	Family Name	Amount \$

Option 1 - Setting up a target amount

I request that this deduction of \$_____ continues 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 end date of ___/___/___ 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 Roebourne District High School 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 servicesaustralia.gov.au/centrepay

Customer Signature: _____
Date of Birth _____
Today's Date _____