Centrepay Deduction Authority

I_____ authorise the Department of Human Services to make a
<Customer's full name> <Customer's CRN>
Deduction of $_____ each fortnight from my _____
                 <amount>   *<name of Centrelink payment>*
and pay this amount to Ripley Valley State Secondary College - **555 132 050J** for Student Education Fees
commencing from   /   /2020
                             <insert start date>.

☐   **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 _____is reached.
                         <amount>   *<insert end date>*
OR

☐   **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 Ripley Valley State
Secondary College to disclose my information to the Department of Human Services 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 **humanservices.gov.au/centrepay**

Customer Signature: _____

Date of Birth: _____

Date: _____