

St Mary's College Ipswich

11 Mary Street Woodend QLD 4305

E: sipmfinance@bne.catholic.edu.au

P: 07 3432 5444 F: 07 3432 5432

55.	Γ	70	۱ 1	വ	۱Ц
22.	5- U	// L)-т	ソし	<i>)-</i> \square

CENTREPAY DEDUCTION AUTHORITY

Action (Please Tick)	New Request □	Alteration	Cancellation			
Student/s Names						
		Centrelink Customer Reference Number (CRN)				
Given Name		Family Name				
Date of Birth	/					
Deduction Details						
	lo you want the deduction to b					
eg: Age Pension, Newstart Allowance, Family Tax Bener		Dynamics BPAY Reference Number (Office Use only)				
Start Date			_			
Fortnightly Deduction Amount	\$					
Choose one of the following options						
Continue until cancelle	d □ Target Amount \$	Fii	nal Payment Date/			
Authorisation - read, sign and date the statement (MUST be completed)						
I authorise Services Australia to make the deduction and pay the amount to St Mary's College as per the above direction and that all information that I have supplied is true and correct. I give permission for St Mary's College to: use the information I have provided on this form and provide Services Australia with a copy of this form, and any other additional information required by them from time to time to action this deduction in accordance with the provisions of the Privacy Act						
1988 relating to the disclosure of personal information.						
 I understand that: it is my choice to have this amount deducted from my Centrelink payment(s), and I can change my Centrepay 						
 deduction(s) at any if I cancel my Centr deduction(s) from r if I stop relations w instruct Services Au if I change schools, 	r time; repay deduction(s), I am rem my payment(s); rith St Mary's College but do ustralia to stop the deduction I may also need to advise Se	oving my consent for St Mary not stop my Centrepay deduc n(s); ervices Australia to stop my d	's College to take further ction(s), that St Mary's College may			
where a Deduction has a target amount and the final Deduction is set to pay less than \$2, the second to last						

_____ Date _____

Deduction will be increased by up to \$2 to cover the final amount.

Signature of Customer _