**KURANDA DISTRICT STATE COLLEGE**

**CENTREPAY DEDUCTION AUTHORITY**

**(To be used only if the customer cannot set up a deduction through MyGov)**

**Family Name**  **Given Name(s)**

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**Date of Birth** **Phone Number Email address**

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**CENTRELINK CUSTOMER REFERENCE NUMBER**

**School/Business Unit:** Kuranda District State College **School /Business Unit Customer Number:** 555–057–649–K

**Type of Request:**

1. **Start a new deduction for Student Resource Scheme**

***The minimum deduction amount for Centrepay is $40 per student per fortnight***.

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| **STUDENT NAME(s):** | **SRS** | **FN Payment Options** |
| **Surname**  | **Given name** | **Year** | **Amount** | **Minimum** | **Maximum** |
|  |  |  |  | **🗆** $40 or **🗆** $\_\_\_\_\_\_\_ |
|  |  |  |  | **🗆** $40 or **🗆** $\_\_\_\_\_\_\_ |
|  |  |  |  | **🗆** $40 or **🗆** $\_\_\_\_\_\_\_ |
|  |  |  |  | **🗆** $40 or **🗆** $\_\_\_\_\_\_\_ |
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|  |  |  |  | **🗆** $40 or **🗆** $\_\_\_\_\_\_\_ |
|  | **Total / Total FN Deduction :** | $ | $ |

1. **Start a new deduction**

From which payment do you want the deduction to be taken (e.g. Age Pension, Newstart Allowance, Family Tax Benefit or Parental Leave Pay)?

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**Which payment date do you want the deduction(s) to start from?**

Your next available payment date **🗆**

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**Or**

A future payment date (up to 8 weeks in advance)

**Target Amount**

Your deduction will stop if it is cancelled or when you reach the target amount.

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| $ |

1. **Authorisation – read, sign and date the statement (MUST be completed)**

I authorise the Australian Government Department of Human Services to make a Deduction of $ ……….. for each fortnight from my nominated Centrelink account and pay the amount to Kuranda District State College, as I have directed within this form.

I give permission for Kuranda District State College School 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 also give permission for Kuranda District State College to give the Department of Human Services my correct account and billing number if required.

**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**

If my deduction has a target amount and the final deduction is set to pay less than $2, my second last deduction will be increase by up to $2 to cover the final amount.

If I stop using the Business but do not stop my Centrepay deduction(s), the business may instruct the Department of Human Services to stop the deduction(s).

**Your Signature Date**

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**IMPORTANT INFORMATION**

**The Department of Education is collecting your personal information on this form for the purposes of confirming your consent to set up Centrepay arrangements for certain school fees (resources scheme, excursions etc.) or fees and charges pertaining to debts owing to the department. This form will be submitted to Centrelink centrepay as evidence of your consent for this arrangement and will allow your nominated school or business unit, on your behalf, to set up centrepay deductions, vary deductions or cancel deductions under the directions set out in the Centrelink centrepay procedural guide for businesses. We will only use your information for this purpose. It will otherwise not be used or disclosed unless authorised or required by law. If you have any concerns about the use and disclosure of your personal information on this form please contact the relevant school or business unit in the first instance.**