



PACIFIC PINES STATE HIGH

INSPIRING EXCELLENCE TO EMPOWER SUCCESS

CENTREPAY DEDUCTION FORM

Please complete this form in full and return it to the Finance Window

PART A – PARENT/GUARDIAN DETAILS														
FAMILY NAME:														
GIVEN NAME/S:														
YOUR DATE OF BIRTH:														
PHONE NUMBER:														
CENTRELINK REFERENCE NUMBER:						-				-			-	
CENTRELINK PAYMENT TYPE:														
PART B – STUDENT DETAILS														
NAME:						STUDENT ID:								
NAME:						STUDENT ID:								
NAME:						STUDENT ID:								
NAME:						STUDENT ID:								
PART C – TYPE OF REQUEST														
		START – a new deduction for Student Resource Scheme (Complete Part E and H)												
		CHANGE – a current deduction for Student Resource Scheme (Complete Part F and H)												
		CANCEL – a current deduction for Student Resource Scheme (Complete Part G and H)												
PART D – SERVICE PROVIDERS DETAILS														
NAME:				Pacific Pines State High School										
ADDRESS:				PO Box 380, Helensvale 4212										
PHONE NUMBER:				(07) 5502 5111										
CENTREPAY REFERENCE NUMBER														
PART E – CHANGE A CURRENT DEDUCTION FOR STUDENT RESOURCE SCHEME														
FORTNIGHTLY AMOUNT:														
START DATE:														
ONGOING :		<input type="checkbox"/>	OR	TARGET AMOUNT:		<input type="checkbox"/>	\$	OR	END BY:	/ /				
Once Part E is completed, please complete Part H														





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CHANGE A CURRENT DEDUCTION FOR STUDENT RESOURCE SCHEME

FORTNIGHTLY AMOUNT:	\$
START DATE:	/ /
ONGOING PAYMENTS:	<input type="checkbox"/> TARGET AMOUNT: <input type="checkbox"/> \$

Once Part F is completed, please complete Part H

PART G – CANCEL A CURRENT DEDUCTION FOR STUDENT RESOURCE SCHEME

CANCELLATION DATE:	/ /
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Once Part G is completed, please complete Part H

PART H – AUTHORISATION – Please read, sign and date the statement (Must be completed)

I authorise the Australian Government Department of Human Services to make the nominated deduction and pay the amount to the service provider (or as they direct).

I give permission for:

- The information I have provided on this form to be given by Human Services to the services provider (or their agent).
- The services provider I have nominated on this form to provide my correct account or billing number to Human Services if required.

I understand that:

- If my deduction has a target amount and the final deduction is set to pay less than \$2, my second last deduction will be increased by up to \$2 to cover the final amount.
- If I have a current Centrepay deduction and I lodge a new claim, that the existing deduction(s) will not be carried over to the new payment.
- If I have a current Centrepay deduction and I transfer to another eligible Centrelink payment in the future that my deductions will continue.
- It is my choice to have this amount deducted from my Centrelink payments, and I can change my Centrepay deduction at any time.
- If I stop using the service provider but do not stop my Centrepay deduction, the service provider may instruct Human Services to stop the deduction.
- If I change service providers, I may also need to advise Human Services to stop my previous deduction.
- When a payment has been made to a service provider after my deduction authority has been cancelled or suspended, Human Services may be able to assist me to recover the Centrepay deduction.

PRIVACY AND YOUR PERSONAL INFORMATION

Your personal information is protected by law, including the Privacy Act 1988, and is collected by the Australian Government of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim. Your information may be used by the department or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law. You can get more information about the way in which the Department of Human Services will manage your personal information, including their privacy policy at humanservices.gov.au/privacy or by requesting a copy from the department.

Your signature:	
Date:	/ /

