

I give permission for BAYSIDE CHRISTIAN 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 also give permission for BAYSIDE CHRISTIAN 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**

Customer Signature: _____

Date of Birth: _____

Date: _____