Bayside Christian College T11 Pantlins Lane, Hervey Bay QLD 4655 CENTREPAY DEDUCTION AUTHORITY	
Family Name	Given Names
	(/)
Your Centrelink Reference Number (CRN)	Date of Birth
authorise the Department of Human Services to r	nake a deduction of \$
	Amount
each fortnight from my	and pay this amount
Name of Centrelink Payment (Pension, Fa	mily Tax Benefit, Newstart Allowance etc)
to BAYSIDE CHRISTIAN COLLEGE, commencing from	
Option 1 – Setting up a Target Amount	
I request that this deduction of \$	continue until the target amount of
Amount	
\$is reach	ned.
Insert Target Amount	
**Note: if a deduction has a target amount and the last deduction will be increased by up to \$2 to content of the last deduction will be increased by up to \$2.	ne final deduction is set to pay less than \$2, the second ver the final amount.
OR	
Option 2 – Setting up an End Date	
I request that this deduction of \$	continue until
Amount	Insert End Date
is reached.	

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: _____