

Action (Please Tick)

Student Name

BROADBEACH STATE SCHOOL 1-19 ALEXANDRA AVENUE BROADBEACH QLD 4218

New Request

E: finance@broadbeachss.eq.edu.au

FILE UNDER PARENT LAST NAME							
	555-102-452-V						

Cancellation

Class

CENTREPAY DEDUCTION AUTHORITY

Alteration

EQ ID#

Given Name Family Name Date of Birth Mobile Phone Deduction Details From which payment do you want the deduction to betaken FTB - Family Tax Benefit PEN - Aged Pension NSS - Austudy/Abstudy FTB - Family Tax Benefit PEN - Carers Pension NSS - Widow Allowance PGA - Parenting Payment PGA - Parenting Payment PEN - Disability Pension NSS - Widow Allowance Payment for Educational Fees Dynamics BPAY Reference Number Goffice Use only Start Date (up to 8 weeks in advance) Minimum amount is \$10 pp Fortnightly Deduction Fortni	Customer Datails			entrelink Cust						
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Deduction Details				-						
PEN - Aged Pension	Date of Birth			lobile Phone						
PEN - Aged Pension	Deduction Details									
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PEN - Disability Pension NSS - Widow Allowance Partnered	☐ PEN – Aged Pension ☐ NSS –		□ NSS – Au	ustudy/Abstudy			☐ FTB — Family Tax Benefit			
Payment for Educational Fees Dynamics BPAY Reference Number (Office Use Only) Start Date (up to 8 weeks in advance) Minimum amount is \$10 pp Fortnightly Deduction Amount Choose one of the following options Continue until cancelled Target Amount \$ Final Payment Date Authorisation - read, sign and date the statement (MUST be completed) Authorise Services Australia (the Agency) to make the deduction and pay the amount to Broadbeach State School as per the above rection and that all information that I have supplied is true and correct. By Empression for Broadbeach State School to: Use the information I have provided on this form and provide Services Australia (the Agency) with a copy of this form, and any other additional information required by them from time to time to action this deduction. Inderstand that: It is my choice to have this amount deducted from my Centrelink payment(s), and I can change my Centrepay deduction(s), I am removing my consent for Broadbeach State School to take further deduction(s) from my payment(s); If I stop relations with Broadbeach State School but do not stop my Centrepay deduction(s), that Broadbeach State School may instruct Services Australia (the Agency) to stop the deduction(s); If I stop relations with Broadbeach State School but do not stop my Centrepay deduction(s); If I change schools, I may also need to advise Services Australia (the Agency) to stop my deduction(s); If I have a current Centrepay deduction and I lodge a new claim; the existing deduction(s) will not carry over to the new claim; where a Deduction has a target amount and the final Deduction is set to pay less than \$2, the second to last Deduction will be increased by up to \$2 to cover the final amount. Signature of Customer Date	☐ PEN – Carers Pension			Youth Allowance			☐ PGA – Parenting Payment			
Payment for Educational Fees	☐ PEN – Disability Pensi	on	□ NSS – W	NSS – Widow Allowance			Partnered			
Reference Number Giffice Use only	☐ PEN — Parenting Singl	e Pension	□ NSS – Ne	wstart Allow	ance					
Start Date (up to 8 weeks in advance) Minimum amount is \$10 pp	Payment for	Educational	Fees \square	Reference	Reference Number					
OR Next Available Payment Date OR Next Avai	Start Date			(Office Osc	- Omyj					
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