



BROADBEACH STATE SCHOOL  
 1-19 ALEXANDRA AVENUE  
 BROADBEACH QLD 4218  
 E: [finance@broadbeachss.eq.edu.au](mailto:finance@broadbeachss.eq.edu.au)

<b>FILE UNDER PARENT LAST NAME</b>
555-102-452-V

**CENTREPAY DEDUCTION AUTHORITY**

<b>Action (Please Tick)</b>	New Request <input type="checkbox"/>	Alteration <input type="checkbox"/>	Cancellation <input type="checkbox"/>
Student Name		EQ ID#	Class

<b>Customer Details</b>	Centrelink Customer Reference Number (CRN)	_____	_____	_____	_____
Given Name		Family Name			
Date of Birth	____/____/____	Mobile Phone			

**Deduction Details**

From which payment do you want the deduction to be taken

<input type="checkbox"/> PEN – Aged Pension	<input type="checkbox"/> NSS – Austudy/Abstudy	<input type="checkbox"/> FTB – Family Tax Benefit
<input type="checkbox"/> PEN – Carers Pension	<input type="checkbox"/> NSS – Youth Allowance	<input type="checkbox"/> PGA – Parenting Payment Partnered
<input type="checkbox"/> PEN – Disability Pension	<input type="checkbox"/> NSS – Widow Allowance	
<input type="checkbox"/> PEN – Parenting Single Pension	<input type="checkbox"/> NSS – Newstart Allowance	

Payment for	Educational Fees <input type="checkbox"/>	Dynamics BPAY Reference Number <b>(Office Use only)</b>	
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Start Date (up to 8 weeks in advance)	____/____/____	OR	Next Available Payment Date <input type="checkbox"/>
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Fortnightly Deduction Amount	Minimum amount is \$10 pp \$ _____	
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Choose one of the following options

Continue until cancelled <input type="checkbox"/>	Target Amount \$ _____	Final Payment Date ____/____/____
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**Authorisation - read, sign and date the statement (MUST be completed)**

I authorise Services Australia (the Agency) to make the deduction and pay the amount to **Broadbeach State School** as per the above direction and that all information that I have supplied is true and correct.

I give permission 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.

I understand that:

- it is my choice to have this amount deducted from my Centrelink payment(s), and I can change my Centrepay deduction(s) at any time;
- if I cancel 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 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 \_\_\_\_/\_\_\_\_/20\_\_

Further information about Centrepay can be found online at [servicesaustralia.gov.au/centrepay](http://servicesaustralia.gov.au/centrepay).