

CENTREPAY DEDUCTION FORM

PART A - Your details

Family name

Given name(s)

Your date of birth

 / /

Phone number

 ()

Your Centrelink Reference Number

 - - -

PART B - Type of request

(For more than one deduction a separate form needs to be completed)

Do you want to:

1. START

a new deduction

☐

You must complete **PARTs C, D and G**

2. CHANGE

a current deduction

☐

You must complete **PARTs C, E and G**

3. CANCEL

a current deduction

☐

You must complete **PARTs C, F and G**

PART C - Service provider's details

(MUST be completed to start, change or cancel a deduction)

Service provider's name

Service provider's address

Service provider's contact phone number and email - Accounts

Service provider's Centrepay Reference Number

 - - -

Your Family/Billing ID

Eldest child enrolled at Mount Carmel College

Reason for payment

PART D - to START a new deduction

From which payment do you want the deduction to be taken (eg Pension, Newstart Allowance)?

Indicate how often this deduction will be made:

Tick ONE only

One off payment ☐

For a target amount ☐

Fortnightly ☐

What amount do you want deducted?

The minimum amount for most deductions is \$10 per fortnight. You should check with the Accountant at Mount Carmel College to find out what amount you should be paying.

One off payment ☐

Fortnightly ☐

From which payment date do you want the deduction to take effect?

Your next available payment date

OR a future payment date / /

Do you want to specify a target amount?

Regular deductions will be made until the total (target) amount is reached or this deduction is cancelled.

No ☐

Yes ☐

Target amount \$

Go to **PART G**

PART E - to CHANGE your current deduction

Change your current deduction permanently by providing a start payment date, the amount and the Centrelink payment type.

Start payment date

 / /

New deduction amount

Payment type

PART F - to CANCEL your current deduction

Note: Before cancelling your deduction, check the outstanding balance with Mount Carmel College.

From which payment date do you want the cancellation to take effect?

Your next available payment date

OR a future payment date / /

PART G - Authorisation - read, sign and date the statement (MUST be completed)

I authorise Mount Carmel College to make the nominated deduction from my Centrelink benefits.

I give permission for:

- the information provided on this form to be used to set up nominated deduction(s) accessing Centrelink website

I understand that:

- a new form is required to be completed and lodged with the Accountant if I wish to change, amend or cancel a current deduction.
- if I have a current Centrepay deduction and I lodge a new Deduction Form 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 deduction will continue.
- If my child/children leave Mount Carmel College you have my permission to stop my deduction if no fees are outstanding.
- when a payment has been made to Mount Carmel College after my Deduction Authority has been cancelled or suspended Mount Carmel College are to refund me unauthorised Centrepay deduction(s) that have been paid to them.

Your Signature

Date:

 / /

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Primary Campus

17 Pennington Terrace, Pennington
Phone: 8447 0500

7-12

Secondary Campus

33 Newcastle Street, Rosewater
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WESTERN
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