## **RA06**

TRIM Reference:	



## **CENTREPAY – DEDUCTION AUTHORITY CONSENT**

, Your Full Name:						
CR Number:	Customer Reference Number					
Address:						
Phone Number:	Date of Birth:					
Email Address:						
Give permission for \$	Services Australia to make to make a deduction each fortnight from my	of;				
Total Amount	Type of Centrelink Payment					
And pay this amount to the City of Greater Geraldton, CRN 555-087-315-T for; CGG Reference:						
	Commencing from:					
Reason fo	r Deduction	Date				
End Date: if applicable	Target Amount:  if applicable	\$				

## For the purposes of the *Privacy Act 1988*

I give permission for Services Australia to disclose my information to the City of Greater Geraldton for the purpose of checking my account number, billing number and amount I want to pay, and reconciling my payment deduction details.

I also authorise the City of Greater Geraldton to give Services Australia my correct account and billing number if required.

## I understand that:

- It is my choice to have this amount deducted from my Centrelink payments, and that I can change or cancel the deduction at any time by contacting Services Australia or the City of Greater Geraldton.
- If I have a current Centrepay Deduction and I transfer to another eligible Centrelink payment in the future, my deductions may continue.



- If I have a current Centrepay Deduction and I lodge a new claim for Centrelink payment, the existing deduction(s) will not be carried over to the new payment and I will have to provide new Deduction Authority to have this set-up when the new payment is granted.
- If I stop using the City of Greater Geraldton's service, but I do not stop my Centrepay Deduction, the City of Greater Geraldton may instruct Services Australia to stop the deduction.
- If my deduction has a target amount and final deduction is set to less than \$2.00, my second last deduction will be increased by up to \$2.00 to cover the final amount.

I have read and agree to the above terms and the information I have provided is correct.  Signature: Date:	•	My Deduction Greater Geral If I cease to b	Authority consent w dton.	ill be noted on my a	to cover the final amount. account record with the City of eraldton, I will need to advise		
PLEASE NOTE For more information about Centrepay, please head to the Services Australia website: <a href="https://www.servicesaustralia.gov.au/centrepay-for-businesses">www.servicesaustralia.gov.au/centrepay-for-businesses</a> OFFICE USE			and agree to the abo	ve terms and the inf	formation I have provided is		
For more information about Centrepay, please head to the Services Australia website: <a href="https://www.servicesaustralia.gov.au/centrepay-for-businesses">www.servicesaustralia.gov.au/centrepay-for-businesses</a> OFFICE USE	Signature:				Date:		
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