



Yarraville West Primary School

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www.ywps.vic.edu.au

Request for CentrePay deduction

Customer's full name _____ Customer's CRN _____

authorise Services Australia to make a Deduction of \$ _____ each fortnight from my

Centrelink payment _____ and pay this amount to

Yarraville West Primary School CRN 555-131-441B for Education Items commencing from _____.

Option 1 - Setting up a target amount

I request that this deduction of \$ _____ continue until the target amount of \$ _____ is reached.

★ **Note** if a Deduction has a target amount and the final Deduction is set to pay less than \$2, the second last Deduction will be increased by up to \$2 to cover the final amount.

Option 2 – Setting up an end date

I request that this deduction of \$ _____ continue until (Date) _____ is reached.

Option 3 – selecting neither option 1 nor option 2

I confirm that this deduction has no target amount and no end date.

I give permission for Yarraville West Primary School to disclose my information to the Services Australia 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 Yarraville West Primary School to give the Services Australia 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: _____