



CentrePay Deduction |

Authority Consent Form

I _____ (Customer's Full Name) _____ (CRN)
 authorise the Department of Human Services to make a Deduction of \$ _____ (amount)
 each fortnight from my _____ (name of Centrelink Payment)
 and pay this amount to _____ (Business name)
 _____ (CRN) for _____ (reason
 for deduction) commencing from ____/____/20__.

Option 1 – Setting up a target amount

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

I give permission for AFL Cape York to disclose my information to the Department of Human Services 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 my permission for AFL Cape York to give the Department of Human Services 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 www.humanservices.gov.au/centrepay

Customer Signature		Date	
Date of Birth		Contact Number	