



CentrePay Deduction |

Consent Form

Customer Details

Parent/ Guardian Full Name

Residential Address

Phone Number

Email

CRN
(Centrelink Reference Number)

DOB

I authorise the Department of Human Services Australia to deduct \$ _____
(agreed fortnightly payment amount) to pay AFL CAPE YORK LIMITED CRN 407 870 498 T
for (Student's name) _____

in payment of 'Boarding Expenses' (reason for payment)

Commencing from _____ (start date)

From which Services Australia payment would you like the deduction taken from?

Family Tax Benefit or other _____

Target Amount \$1000.00

Or Date to Stop Payments / /

Agree

"Australian Privacy legislation protects your personal information. Do you give permission for AFL Cape York to disclose your information to the Department of Human Services for the purpose of:

- Checking your account number, billing number and the amount you want to pay;
- Reconciling your payment Deduction details"

I consent for AFL Cape York to provide your correct account and billing number to the Department of Human Services if required"

I understand that:

- I can change or cancel your Centrepay deduction(s) at any time;
- Further information can be found online at www.humanservices.gov.au/centrepay"

Customer Signature

Date

Signature