Swan View
SENIOR HIGH SCHOOL

Centrepay Deduction Authority Consent

I _____ CRN No: _____authorise

The Department of Human Services to make a Deduction of $_____ each

fortnight from my (Centrelink Payment Type) _____ and pay this amount to ***Swan View Senior High School*** **CRN: 555-089-508-C**

for the purpose of school educational fees.

Commencement date: _____

☐ **Option 1 Target Amount**

I request this deduction of $ _____continue until the target amount of

$_____ is reached. This must be within this calendar year.

OR

☐ **Option 2 Setting up an end date**

I request this deduction of $ _____continue until end date _____

or until 31/12/_____is reached.

I give permission for **Swan View Senior High School** to disclose my information to the **Department of Human Services** for the purpose of checking my account number, billing number and amount I wish to pay.

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**

Parent/Caregiver Signature:_____

Date of Birth: _____Date of Signature: _____