



Centrepay Authorisation Form

I (Name) _____ (CRN) _____

authorise the Services Australia to make a Deduction of _____ each

fortnight from my (payment type) _____ and pay this amount to Loddon Shire

Council, CRN 555 054 769J for payment of _____

Bill Reference no. _____ 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.

OR

Option 2 – Setting up an end date

I request that this Deduction of \$ _____ continue until ____ / ____ / ____ is reached.

OR

Option 3 - Setting up to continue until cancelled.

I request that this Deduction of \$ _____ continue until authorisation is cancelled.

I give permission for Loddon Shire Council to disclose my information to 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 Loddon Shire Council to give 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 <https://www.servicesaustralia.gov.au/individuals/services/centrelink/centrepay>.

Customer Signature: _____ Date: ____ / ____ / ____

Date of Birth: ____ / ____ / ____

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