

CENTREPAY DEDUCTION AUTHORITY

Family Name		Given Name(s)	
Date of Birth	Phone Number	Email address	
/ /			
Student's name/s			
CENTRELINK CUSTOMER REFI	ERENCE NUMBER		
School Unit: Park Ridge Sta Type of Request:	nte High School	Business Reference Number: 555-069-666-K	
Start a new deduction	☐ Complete F	Part A and D	
Change a current deduction	☐ Complete F	Part B and D	
Cancel a current deduction	☐ Complete I	Part C and D	
What amount do you want d The minimum Deduction amo		\$10.	
Which payment date do you Your next available payment o Or A future payment date (up to	date 🗆		
Do you want to specify a targ Your deduction will stop if it is No, just continue it until cance Or Yes, stop at target amount	s cancelled or if you r	ate? reach a target amount or end date.	
Or			
Yes, stop at end date			

CHANGE your current deduction PERMANENTLY			
New deduction amount - each fortnight	Start date	e for the change	
\$	/	/	
OR			
CHANGE your current TARGET AMOUNT for deduc	tions		
New Target Amount	Start dat	e for the change	
\$	/	7	
To CANCEL your current deduction Note: You are about to cancel your Centrepay ded	uction Make sure you	have other arrangements	in place if
required	detion. Make sure you	nave other arrangements	
From what date do you want the deductions to st	op?		9 1/2 1/4 1
Your next available payment date or a future	payment date of	/	
Authorisation – read, sign and date the state	ment (MUST be com	pleted)	
I authorise the Australian Government Department of H my nominated Centrelink account and pay the amount	uman Services to make	a Deduction of \$ for e	ach fortnight from hin this form.
I give permission for Park Ridge State High School to dis	close my information to	the Department of Human Se	ervices for the
purposes of checking my account number, billing numb	er and amount I want to	pay, and reconciling my payr	nent Deduction
details. I also give permission for Park Ridge State School to give	the Department of Hun	nan Services my correct acco	unt and billing
number if required. I understand that:			
I understand that: I can change or cancel my Deduction at any time; and fu	irther information about	Centrepay can be found only	ine at
humanservices.gov.au/centrepay			
If my deduction has a target amount and the final deduby up to \$2 to cover the final amount.	ction is set to pay less th	an \$2, my second last deduct	ion will be increase
If I stop using the Business but do not stop my Centrepa Services to stop the deduction(s).	y deduction(s), the busin	ness may instruct the Departi	ment of Human
	Your Signature	/ /	Date

To CHANGE your current deduction or target amount

IMPORTANT INFORMATION

The Department of Education is collecting your personal information on this form for the purposes of confirming your consent to set up Centrepay arrangements for certain school fees (resources scheme, excursions etc.) or fees and charges pertaining to debts owing to the department. This form will be submitted to Centrelink centrepay as evidence of your consent for this arrangement and will allow your nominated school or business unit, on your behalf, to set up centrepay deductions, vary deductions or cancel deductions under the directions set out in the Centrelink centrepay procedural guide for businesses. We will only use your information for this purpose. It will otherwise not be used or disclosed unless authorised or required by law. If you have any concerns about the use and disclosure of your personal information on this form please contact the relevant school or business unit in the first instance.

PAYMENT OPTIONS

Please note that Park Ridge State High School prefers payments made by Internet Banking or EFTPOS transactions to help minimise fees charged by the bank when banking Cash.

PAYING BY INTERNET BANKING:

BPoint: Follow the instructions on your statement or invoice

Direct Payment into School Bank Account (Please arrange this with your bank with the following details)

- School's Bank Account Name is PARK RIDGE STATE HIGH SCHOOL GENERAL A/C
- BSB Number is 064-159 (Commonwealth Bank of Australia, Acacia Ridge)
- Account Number is 1000 0178
- Please record STUDENT'S NAME in the details section so that your payment can be recorded correctly

PAYING BY PHONE: Payment by Credit Card Only

- Phone payment using credit/debit card via BPOINT 1300631073.
- Please quote CRN and invoice number from the BPOINT box on the invoice or statement.

PAYING BY MAIL: Payment by Credit Card

- Credit Card details completed on Payment Section
- Post to PARK RIDGE STATE HIGH SCHOOL, PO Box 893, PARK RIDGE Q 4125

PAYING IN PERSON: Payment by Credit Card, Debit Card, Cash

- Payment can be made at the School Office, Monday, Tuesday, Wednesday and Friday between the hours of 8:00am and 12.00pm. The payment window is closed THURSDAYS.
- EFT POS facilities are available

Credit Cards, Debit Cards (EFT POS) and Cash are accepted		
	PAYMENT ADVICE	
STUDENT'S NAME:	AMOUNT PAID:	
DESCRIPTION OF PAYMENT: ie: excursion/SRHS/Sport etc	DATE:/	
Payment by Interne	t Banking (Direct Payment into School Bank Account) as above	
	ard (only VISA, BANKCARD & MASTERCARD ARE	
NAME ON CARD:		
at views	SA BANKCARD MASTERCARD	
(Please er	nsure to include all 16 numbers)	
EXPIRY DATE:		
SIGNATURE ON CARD:	CONTACT NUMBER:	
Please return to: PARK RI PO Box	IDGE STATE HIGH SCHOOL 893 PARK RIDGE Q 4125 ne: (07) 3380 4111 or Fax: (07) 3380 4100	

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