

# CENTREPAY DEDUCTION AUTHORITY

I \_\_\_\_\_ CRN: \_\_\_\_\_  
authorise the Department of Human Services to make a deduction of \$ \_\_\_\_\_  
each fortnight from my (name of Centrelink payment) \_\_\_\_\_  
and pay this amount to **Bay Island Early Learning & Care CRN: 555-080-909 J**  
for Childcare 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 \_\_\_\_\_

I give permission for **Bay Island Early Learning & Care** to disclose 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 permission for Bay Island Early Learning & Care 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 **humanservices.gov.au/centrepay**

**Customer Signature:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Date:** \_\_\_\_\_