

## **CENTREPAY WRITTEN CONSENT**

I \_\_\_\_\_ **CRN:** \_\_\_\_\_

**Date of birth :** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

authorise the Department of Human Services to make a deduction of \$ \_\_\_\_\_  
each fortnight from my \_\_\_\_\_ payment and pay this amount to  
**Leeton Shire Council Shire Council (555-054-070T)** for the Rates and/or Water  
on Assessment \_\_\_\_\_ commencing from \_\_\_\_\_

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*

**I give permission for Leeton Shire Council to disclose my information 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 Leeton Shire Council 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](http://humanservices.gov.au/centrepay)**

Customer Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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**Office Use**

Processed: \_\_\_\_\_ Started: \_\_\_\_\_