

## Centrepay Written Consent Form

l,	CRN:_	
Date of Birth:/_	/	
authorise the Department of Hun	nan Services to make a to	tal deduction of \$
each fortnight from my		payment and pay this amount to
Leeton Shire Council Shire Coun	<b>cil (555-054-070T)</b> for the	e Rates and/or Water I owe,
on Assessment:	commer	cing from:
I request that this deduction be spli	as follows:	
Towards Outstanding Rates	\$	per Fortnight
		por Fortnight
Human Services for the purpose	e Council to disclose my es of checking my acco	information to the Department of ount number, billing number and
I give permission for Leeton Shire Human Services for the purpose amount I want to pay, and recor I also give permission for Leeton	e Council to disclose my es of checking my acco nciling my payment Ded Shire Council to give th	information to the Department of ount number, billing number and uction details.
I give permission for Leeton Shire Human Services for the purpose amount I want to pay, and recor I also give permission for Leeton my correct account and billing r I understand that I can change o	e Council to disclose my es of checking my acco nciling my payment Ded Shire Council to give th number if required.	information to the Department of ount number, billing number and uction details. e Department of Human Services t any time; and further information
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Rates & Water Form 100.1