

I, _____ CRN: _____

Date of Birth: ____ / ____ / ____

authorise the Department of Human Services to make a total 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 I owe,
on Assessment: _____ commencing from: _____

I request that this deduction be split as follows:

Towards Outstanding Rates	\$ _____ per Fortnight
Towards Outstanding Water	\$ _____ per Fortnight

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

Customer Signature: _____ Phone: _____

Date: ____ / ____ / ____

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Office Use

Processed By: _____ Start Date: _____