



CENTREPAY DEDUCTION AUTHORISATION 2023

Parent/Guardian name/s:	Account Number: _ _ _ _ _ _ _ _
Student name/s:	

REQUEST AND AUTHORITY TO DEBIT

Request and authorise Galen Catholic College, to set up through Centrepay, deductions to be made towards school fees account as per the information provided below.

YOUR DETAILS

Family name:	_____
Given name/s:	_____
Date of birth:	_ _ / _ _ / _ _
Phone number:	_ _ _ _ _ _ _ _ _ _ _ _ _ _
Centrelink reference number (CRN)	_ _ _ _ - _ _ _ _ - _ _ _ _ - _ _

SERVICE PROVIDER DETAILS

Service providers name:	Galen Catholic College
Service providers address:	College Street, Wangaratta VIC 3677
Service providers phone number:	03 5721 6322
Service Providers CRN:	555-127-837-S
Reason for payment:	School fees

PAYMENT DETAILS

Deduction taken from payment (Family Tax Benefit, Carer payment):	_____
Fortnightly instalment:	\$ _ _ _ _ _ _ _ _ _ _ _ _ _ _ (minimum amount \$20.00)
Date payment to commence:	_ _ _ / _ _ _ / _ _ _
Status:	<input type="checkbox"/> Target amount: \$ _ _ _ _ _ _ _ _ _ _ _ _ _ _ <input type="checkbox"/> End date of deduction: _ _ _ / _ _ _ / _ _ _ <input type="checkbox"/> Ongoing

ACKNOWLEDGEMENT (please initial)

I/we have read/understood that:	Initial
<ul style="list-style-type: none"> ➤ This arrangement remains in place, unless otherwise advised in writing. ➤ The Centrepay Agreement overleaf and acknowledge and agree to same. ➤ This arrangement remains in force in accordance with the schedule described above and in compliance with the Centrepay Agreement, see overleaf for Agreement. ➤ This Agreement may be altered at any time by me by written instruction. 	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>

..... Signature 1 Signature 2 (only when applicable)/...../..... Date
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The following is your Centrepay Deduction Authority with Galen Catholic College (CRN 555 127 837 S). The agreement is designed to explain what your obligations are when undertaking a Centrepay Deduction arrangement with us.

CENTREPAY DEDUCTION ARRANGEMENTS

Your signature on the Centrepay Deduction Authority form allows us to set up payments from your nominated Centrelink payment as outlined in the payment details section of the authority. We will keep your records and account details confidential, except where the disclosure of certain information to Centrelink is necessary as per the *Privacy Act 1988*.

I give permission for Galen Catholic College to disclose my information to the Department of Human Services for the purposes of checking my account number, billing number, amount I want to pay, and reconciling my payment deduction details.

Initials

I also give permission for Galen Catholic College to give the Department of Human Services my correct account and billing number if required.

Initials

I understand that:

I can change or cancel my deduction at any time by notifying the Fees Administration Officer, as least 5 business days before the cancellation, alteration or suspension is to take effect. Any amendments should be made in writing to the Fees Administration Officer via email, in person or post.

Further information about Centrepay can be found online at www.humanservices.gov.au/centrepay

Initials

YOUR RESPONSIBILITIES

It is your responsibility to:

- Ensure you check and communicate any discrepancies to the Fees Administration Officer.
- Ensure that you are eligible for Centrepay deductions.
- Check that you have filled in your correct details on the Centrepay Deduction Authority.
- Notify us immediately if your nominated payments are ceased or changed.
- Arrange a timely and suitable alternative payment method if your Centrelink payments are cancelled.

FINANCE TEAM CONTACT DETAILS

Email	fees@galen.vic.edu.au	
Family Payments Officer	Jaye Miller	03 5721 6322
Business Manager	Emily Hordern	03 5721 6322

Contact details Sandhurst Development Fund: 172-174 McCrae Street
P.O. Box 201
BENDIGO Vic 3552
Telephone: (03) 5445 3606
Fax: (03) 5441 8278