



Canungra State School

Phone: (07) 5541 6111 Email: canungra@canungrass.eq.edu.au
Christie Street CANUNGRA QLD 4275

CENTREPAY DEDUCTION FORM

I _____ authorise Canungra State School to set up a Centrepay deduction from my Centrelink account.

Your Details:

Family Name: _____ Given Name: _____

Date of Birth: _____ Ph Number: _____

Centrelink Reference Number: _ _ - _ - _ - _ - _

Type of Request

Start a new deduction

Cancel a current deduction Deduction Cancel Date: _____

School Details

Canungra State School
5 Christie Street, Canungra QLD 4275

CSS Centrelink Reference Number: 5 5 5 – 1 1 8 – 1 4 0 – B

Reason for Deduction: Fees

A New Deduction

Which payment do you want the deduction to be taken (e.g. Age Pension, Family Tax Benefit, parental leave etc?)

Amount to be deducted – minimum amount \$10

Each Fortnight \$ _____

Target Amount \$ _____

One Payment Only \$ _____

Or Until Cancelled

Deduction Start Date: _____

Signature of Applicant Date

OFFICE USE ONLY

Centrepay Processed Staff Signature _____ Date _____

