



**Rochedale South State School**  
*the school of choice*

**CENTRELINK DEDUCTION AUTHORITY – PARENT/CARER**

Name of Customer	
DOB of Customer	
CRN of Customer	
Name of Business	Rochedale South State School
CRN of Business	
Centrelink payment type eg newstart allowance, family tax benefit, pension	
Amount of Fortnightly deduction	
Reason for deduction	School fees
Date the deduction will start	
Target amount for deduction or end date of deduction	
Students names for payments	

I give consent to the disclosure of information between the participating business and the department for the purposes of the *Privacy Act 1988*.

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)**

Parents/carers Signature \_\_\_\_\_ Date \_\_\_\_\_