



CENTREPAY DEDUCTION CANCELLATION

I _____
Customer's full name

Customer's Reference Number (Customer's CRN)

authorise Services Australia to cancel Deduction of \$_____ each fortnight

from my _____
Name of Centrelink payment

Reason for Cancellation

commencing from _____
Insert end date.

I confirm that this deduction is to be cancelled.

Australian Privacy legislation protects your personal information. I give permission for Mid Murray Council to disclose my information to Services Australia for the purposes of checking my account number, billing number and amount I want to pay, and reconciling my payment Deduction details.

I understand that I can change or cancel my Deduction at any time, and further information about Centrepay can be found online at servicesaustralia.gov.au/centrepay

Customer Signature: _____

Date of Birth: _____

Contact Number: _____

Date: _____

All correspondence to PO Box 28, Mannum SA 5238 ABN 88 313 305 455
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