



CENTREPAY DEDUCTION AUTHORITY

I _____
Customer's full name

Customer's Reference Number (Customer's CRN)

authorise Services Australia to make a Deduction of \$_____ each fortnight

from my _____
Name of Centrelink payment

and pay this amount to Mid Murray Council CRN 555-051-801S

for _____
Reason for Deduction

commencing from _____
Insert start date.

I confirm that this deduction has no target and no end date.

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
Email postbox@mid-murray.sa.gov.au Web www.mid-murray.sa.gov.au

PRINCIPAL OFFICE

49 Adelaide Road, Mannum, SA
Telephone: (08) 8569 0100

Development & Environmental Services

Main Street, Cambrai, SA
Telephone: (08) 8569 0100

Morgan & Districts Community Hub

Cnr Fourth & Eighth Street, Morgan, SA
Telephone: (08) 8569 0100