

## **CENTREPAY DEDUCTION AUTHORITY END DATE**

I
Customer's full name
Customer's Reference Number (Customer's CRN)
authorise Services Australia to make a Deduction of \$ each fortnight
from my
and pay this amount to Mid Murray Council CRN 555-051-801S
for (Reason for Deduction
commencing from
msert start date.
I request that this deduction of \$ (Amount
continue until(end date) is reached
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 <a href="mailto:servicesaustralia.gov.au/centrepay">servicesaustralia.gov.au/centrepay</a>
Customer Signature:
Date of Birth:
Contact Number:
Date:

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