

TRIM Reference: _____



CENTREPAY ± DEDUCTION AUTHORITY CONSENT

I, Your Full Name: _____

CR Number: _____ Customer Reference Number

Address: _____

Phone Number: _____ Date of Birth: _____

Email Address: _____

Give permission for Services Australia to make to make a deduction of;

\$ _____ each fortnight from my _____
Total Amount Type of Centrelink Payment

And pay this amount to the City of Greater Geraldton, CRN 555-087-315-T for;

CGG Reference: _____ Commencing from: _____
Reason for Deduction Date

End Date:
if applicable

want to pay, and reconciling my payment deduction details.

I also authorise the City of Greater Geraldton to give Services Australia my correct account and billing number if required.

I understand that:

- x It is my choice to have this amount deducted from my Centrelink payments, and that I can change or cancel the deduction at any time by contacting Services Australia or the City of Greater Geraldton.
- x If I have a current Centrepay Deduction and I transfer to another eligible Centrelink payment in the future, my deductions may continue.

