



CENTREPAY REQUEST FORM

Date: Family Code:

Name of Student:

Your details (as on file with Centrelink)

Family Name: Given names(s):

Your date of birth:/...../..... Centrelink Reference Number: _ _ _ - _ _ - _ - _

Business Details

CRAIGMORE HIGH SCHOOL CRN 555-106-692-B

Reason for deduction: **Education...**

To START a new deduction

From which payment do you want the deduction to be taken?

Age Pension / Newstart Allowance / Family Tax Benefit / Parental Leave Pay

Amount you want deducted? The school asks for a minimum of \$20 per fortnight:

Each fortnight - \$.....
OR

One payment only \$.....

Which payment date do you want the deduction(s) to start from?

Your next available payment date.
OR

A future payment date/...../.....

Do you want to specify a target amount or end date? Your deduction will stop if it is cancelled or if you reach a target amount or end date.

NO just continue it until cancelled
OR

YES stop at target amount \$.....
OR

YES stop at end date/...../.....

I wish to pay a total of \$..... via Centrepay as above

Parent/Carer Name (please print):

Parent/Carer Signature:

Our Vision: To inspire and empower our community to prosper through innovation
RESPECT SUCCESS CREATIVITY

