



**WILTJA ANANGU**

**SECONDARY**

**COLLEGE**

*Pathways for remote Indigenous students*

CENTREPAY DEDUCTION AUTHORITY

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Customer’s full name), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Customer’s CRN) authorize the Department of Human Services to make a Deduction of $70 each fortnight from my \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name Centrelink payment) and pay this amount to Wiltja Boarding CRN 555 013 919V for educational cost for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(student’s name) commencing from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(insert date)

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

I give Wiltja Anangu Secondary College permission to transfer the Centrepay funds between my children whilst in attendance at Wiltja Boarding and also to split the Centrepay deduction equally between my children when applicable.

I give permission for Wiltja Boarding to disclose my information to the Department of Human Services for the purposes of checking my account number, billing number and amount I want to pay, and reconciling my payment Deduction details.

I also give permission for Wiltja Boarding to give the Department of Human Services my correct account and billing number if required.

I understand that:

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

Customer Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WILTJA BOARDING

111-125 Folland Avenue, LIGHTSVIEW SA 5085 | P: (08) 8359 4620 | F: (08) 8359 4621 | ABN: 90 763 927 872 | [www.wiltja.sa.edu.au](http://www.wiltja.sa.edu.au)