





Pathways for remote Indigenous students

| ABN: 90 763 927 872 |

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	nt from my
(name Centrelink payment) and pay this amount to Wil	tja 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 A <u>n</u> angu Secondary College permission to transfer the Centrepay funds betw	ween my children whilst in
attendance at Wiltja Boarding and also to split the Centrepay deduction equally betwee applicable.	en my children when
I give permission for Wiltja Boarding to disclose my information to the Department of H	Human Services for the
purposes of checking my account number, billing number and amount I want to pay, ar	nd reconciling my payment
Deduction details.	
I also give permission for Wiltja Boarding to give the Department of Human Services my	y correct account and billing
number if required.	
I understand that:	
I can change or cancel my Deduction at any time, and further information about Centre	epay can be found online at
humanservices.gov.au/centrepay.	
Customer Signature	
Date of Birth:	
Date:	