

NQS7 – Form

Centrepay Deduction Authority

Part A – Your Details			
Family Name:			
Given Name(s):			
, ,			
Your Centrelink Reference Number:			
Date of Birth:			
C&K Service Name:			
From which payment do Family Tax Benefit or Par			ion ge Pension, Newstart Allowance,
What amount do you wa	nt deducted?		
\$10.00 one off enrolment fee			if yes tick box
Recurring amount (Minimum amount is \$10 per fortnight)			
On which date would you like the deduction to start?			
If you would like to set up a target amount <u>or</u> end date			
for your deduction enter the details here (choose only one)			
(Please note that Child Care fe provided by email or letter)	es are subject to change, a minimum	of 14 days notice	e in advance of any change will be
Part C – Authorisation			
Read, sign and date the s	tatement.		
nominated Centrelink pa Limited CRN 555 057 324 Association Limited to dis	_	The Creche a rmission for ^c epartment of	nd Kindergarten Association The Creche and Kindergarten
	nange or cancel my deduction a or goods and services can be fo	-	
Customer signature:			
Date:			