Centrepay Deduction Authority

BLALC 555 140 085J



Please complete this form if you would like to have your payments made directly from Services Australia to Dreamtime Housing. Ensure that all relevant sections are completed and sign the Authorisation on this form. Once completed forward or send this form to Dreamtime Housing.

Your details	Mr, Mrs, Ms, Mis	Title S Mx				
	Last name or family		<u></u>			
	·					
	Given naı	. ,				
	Date o	f Birth DD / N	/M / YYY	<u>Y</u>		
	Unit/House ทเ	ımber	Street/Ave	nue		
	uburb			Postcode		
	F	Phone		Mobile		
	Emailad	dress				
C	entrelink Reference Nu	ımber				
	e, up to 8 weeks in advancunt to be taken out of your Amount from	Centrelink payments	each fortnig			
Type of Payment	(enter in Payment)	Amount from Family Tax Benefit	Total	Option 1 Target amount	Option 2 End date	Option 3 Neither 1 nor 2
Rent	\$	\$	\$			
Rent Arrears	\$	\$	\$			
Water Water Arrears	\$	\$	\$			
	\$	\$	\$			
Other Other	\$	\$	\$			
	<u>, </u>	<u> '</u>		Option 1 Setting up a target amount. I request that this deduction continue until the target amount is reached. If a deduction has a target amount set, the final deduction will increase by up to \$2 to cover any remaining amounts of less than \$2	Option 2 Setting up an end date. I request that this deduction continue until the date is reached.	Option 3 – selecting neither option 1 nor option 2 I confirm that this deduction has no target amount and no end date.
give permission for Dro lling number and amo understand that:	lation protects your person eamtime Housing to disclount I want to pay, and recommy deduction at any time	ose my information to onciling my payment	deduction de	etails.		my account num
Please sign this form	Name:	X				
	Your signature	×				
	Date:	DD / IV	M / YYYY	/		