Centrepay Deduction Authority

DKHAC 555 138 909H



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	NA. NA NA NA.	Title					
	Mr, Mrs, Ms, Mis						
	Last name or family	name					
	Given nar	me (s)					
	f Birth DD / N	DD / MM / YYYY					
	umber	Street/Avenue					
Town/Suburb Phone		uburb				Postcode	
		Phone	Mobile				
	Emailad	dress					
C	entrelink Reference Nu	umber					
a future payment date	deduction(s) to start fro e, up to 8 weeks in advanc- unt to be taken out of your	e)	each fortnig	ght by completing the t	able below		
Type of Payment	Amount from (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	\$	\$	\$	Outline 4 Outline was	Oution 0	Outline 2 and adjust	
				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 Dr	lation protects your persor eamtime Housing to disclo ount I want to pay, and reco	ose my information to			es of checking	my account num	
understand that:	my deduction at any time	0 7. 7			online at		
Please sign this form	Name:	×					
	Your signature	×					
	Date:	DD / M		/			