Centrepay Deduction Authority PLALC 555 139 998T



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 Title Mr, Mrs, Ms, Miss, Mx	
Last name or family name	
Given name (s)	
Date of Birth	DD / MM / YYYY
Unit/House number	Street/Avenue
Town/Suburb	Postcode
Phone	Mobile
Emailaddress	
Centrelink Reference Number	

Commencing Date:

Payment date for the deduction(s) to start from (a future payment date, up to 8 weeks in advance)

Please nominate amount to be taken out of your Centrelink payments each fortnight by completing the table 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	\$	\$	\$			
			1	Option 1 Setting up a target amount. I request that this deduction continue until the target amount is reached. If a	Option 2 Setting up an end date. I request that this deduction	Option 3 – selecting neither option 1 nor option 2 I confirm that this deduction has no

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

deduction has no target amount and no end date

continue until the

date is reached.

Australian Privacy legislation protects your personal information.

I give permission for Dreamtime Housing to disclose my information to Services Australia for the purposes of checking my account number, billing number and amount I want to pay, and reconciling my payment deduction details.

I understand that:

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

Please sign this form	Name:	×		
	Your signature:	×		
	Date:	DD / MM / YYYY		