

Frankston City council – Rates and Charges

Centrepay Deduction Authority – Client consent

Primary applicant's details

Given Names	
Surname	
Date of Birth	
Residential Address	
Suburb/town/postcode	
Home	
Mobile	

Applicant's Concession card type

Centrelink cards

CRN

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Veterans Affairs

V																			
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Type of payment e.g. (Newstart, Age pension, DSP)

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Assessment number (shown on your rates notice) 8 digits

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I authorise the Department of Health and Human Services to make deduction of \$_____ each fortnight from my Centrelink payment and pay this amount to Frankston City Council 555-014-543H for Rates and Charges.

Start Date ___/___/20___ End Date ___/___/___ (leave blank if ongoing) or;

ongoing until Frankston City Council is notified in writing or

Targeted amount \$_____

I give permission for Frankston City Council to disclose my information to the Department of Health and Human Services for the purposes of checking my account number, billing number, amount I want to pay and reconciling my payment deduction details.

I also give permission for Frankston City Council to give the Department of Health and Human Services my correct account and billing number if required.

I understand that:

I can change or cancel my Deduction at any time; and further information about Centrepay can be found online at www.humanservices.gov.au/centrepay

Please note: all changes will need to be made in writing and emailed to info@frankston.vic.gov.au

Signed: _____

Date:

Please print name: _____