



District Council of Coober Pedy

“Opal Capital of the world”

PO BOX 425 COOBER PEDY SA 5723
COUNCIL OFFICE (08) 8672 4600
FAX (08) 8672 5699
E-Mail: dccp@cpccouncil.sa.gov.au

Centrelink Deduction Authority

Your Details

Family Name: _____ CRN: _____ - ____

Given Name(s): _____ Your Date of Birth: ____ / ____ / ____

Phone number: _____ Email: _____

Account Number: _____ Reason for Payment: _____

Request Type:

- Start a new Centrepay deduction, go to Part A
- Change my current Centrepay deduction, go to Part B
- Cancel my current Centrepay deduction, go to Part C

Part A: Start a New Deduction

Payment Type: _____ Payment Amount: \$ _____

Start Date: ____ / ____ / ____ or Next available payment date

Do you want to specify a target amount: No Yes , Target amount: \$ _____

Part B: Change your Deduction

Start Date: ____ / ____ / ____ or Next available payment date

Payment Type: _____ Payment Amount: \$ _____

Do you want to change your target amount: No Yes , Target amount: \$ _____

Part C: Cancel your Deduction

Future Payment Date: ____ / ____ / ____ or Next available payment date

Authorisation

I _____ CRN _____ authorise the Department of Human
Insert name Insert CRN Number

Services to make a Deduction of \$ _____ each fortnight from my _____ and pay this amount
Insert amount Insert payment type

to District Council of Coober Pedy, 555-050-106-H for _____ commencing from ____ / ____ / ____.
reason for payment

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

Sign: _____ Date: ____ / ____ / ____

Officer Signature: _____ Name: _____