



Australian Government



Centrelink deductions

Pay your bills the easy way

Centrelink is a free direct bill paying service available to customers who receive a Centrelink payment.

You can arrange your deductions online, using Centrelink Online Services.

Visit www.centrelink.gov.au to register and to find out more information about Centrelink.

You can arrange your deductions by faxing the completed form to 1300 766 412.

You can arrange your deductions by completing and returning this form to Centrelink.

Please use the reply paid envelope provided or address a stamped envelope to:

**Centrelink Services
Reply Paid 7813
CANBERRA BC ACT 2610**

You can arrange your deductions over the phone.

Simply call Centrelink who will process your deduction request and assist you with any questions you have concerning Centrelink.

Please call your normal Centrelink payment number:

Newstart/Employment Services	13 2850
Family/Parenting Payment	13 6150
Disability, Sickness and Carer Services	13 2717
Age Pension/Seniors Services	13 2300
Youth and Student Services	13 2490
ABSTUDY	13 2317

Note: Calls to '13' numbers from a standard phone service can be made from anywhere within Australia for the cost of a local call. Calls from public or mobile phone may be charged at a higher rate. For more information in a language other than English call Centrelink on 13 1202.

This form **cannot** be used for government housing authority deductions. Contact your local housing authority to start deductions.

Please use black or blue pen.

PART A — Your details

Family name

Given name(s)

Your date of birth Phone number
 / / ()

Your Customer Reference Number
 - - -

PART B — Type of request

(For more than one deduction a separate form needs to be completed)

Do you want to:

- START** a new deduction You must complete PARTs C, D and G
- CHANGE** a current deduction You must complete PARTs C, E and G
- CANCEL** a current deduction You must complete PARTs C, F and G

Note: Do not attach any bills to the Centrelink form.

PART C — Service provider's details

(MUST be completed to start, change or cancel a deduction)

Service provider's name

Service provider's address

 Postcode

Service provider's phone number

Service provider's Centrelink Reference Number

Note: You will need to get the Centrelink Reference Number from the service provider you are making payments to. This number always starts with 555. If you are not sure, contact your service provider.

- - -

Your account number with the service provider

Reason for bill/service payment (e.g. household goods, gas, electricity, water, private rent)

Note: For TELSTRA bill payments — you must provide your account number (above) AND your bill number (below)

TELSTRA bill payments only
Note: If your bill number starts with T311 you cannot use Centrelink. Contact Telstra about your billing arrangements.
Telstra bill number



CLK0SA325 1102

PART D — to START a new deduction

From which Centrelink payment do you want the deduction to be taken (e.g. Pension, Newstart Allowance, Family Tax Benefit)?

What amount do you want deducted each fortnight?

The minimum amount for most Centrepay deductions is \$10 per fortnight.

If you are not sure, ask your service provider what their minimum deduction amount is.

\$

Which payment date do you want the deductions to start from?

Your next available OR A future payment date
payment date

Do you want to specify a target amount?

Regular deductions will be made until the total (target) amount is reached or this Centrepay deduction is cancelled.

No

Yes Target amount

\$

► Go to PART G

PART E — to CHANGE your current deduction

CHANGE your current deduction permanently

by providing a start payment date, the amount and the Centrelink payment type.

Start payment date New deduction amount

 \$

Payment type

Change your current deduction temporarily

by also providing an end payment date.

End payment date

Your deduction will revert back to your regular amount after the end payment date nominated has been reached.

Note: The temporary period you specify can only be for a **maximum of 13 weeks**.

SUSPEND your current deduction temporarily

You have the option to suspend your regular deduction for a temporary period.

Start payment date End payment date

Your deduction will restart after the end payment date nominated has been reached.

Note: The period you specify can only be for a **maximum of 13 weeks**.

CHANGE your current TARGET AMOUNT for deductions

Deductions will continue until the amount has been reached, or less than \$2 remains. Centrelink will send you a letter to let you know your target amount has been reached and your deductions will stop.

New target amount \$

Do you want to change your deduction amount?

No

Yes New deduction amount

\$

► Go to PART G

PART F — to CANCEL your current deduction

From which payment date do you want the cancellation to take effect?

Your next available OR A future payment date
payment date

PART G — Authorisation – read, sign and date the statement (*MUST be completed*)

I authorise Centrelink to:

- make the nominated deduction and pay the amount to the service provider (or as they direct).

I give permission for:

- the information provided on this form to be given by Centrelink to the service provider (or their agent).
- the service provider I have nominated on this form to provide my correct account or billing number to Centrelink if required.

I understand that:

- if I transfer to another eligible Centrelink payment in the future that my deductions will continue.
- it is my choice to have this amount deducted from my Centrelink payments, and I can change my Centrepay deduction at any time.
- if I stop using the service provider but do not stop my Centrepay deduction, the service provider may instruct Centrelink to stop the deduction.
- if I change service providers, I may also need to advise Centrelink to stop my previous deduction.

Your signature



Date

Privacy

Your personal information is protected by law. Centrelink may give your information to the service provider that you have nominated for the purpose of:

- checking your account number and the amount you want to pay
- reconciling your payment deduction details.

Limited personal information may be used to conduct customer surveys run by Centrelink, its policy departments or by research organisations on their behalf (refer to the factsheet titled *Market research and you* for more information). Centrelink can give your information to someone else in special circumstances where Commonwealth legislation allows or requires or where you give permission. You can get more information from the factsheet titled *Your Right to Privacy*.



ACN 096 902 813 | AFSL 315388

Ally's Kindy at One Mile

Ph: 07 3282 8888 Fax : 07 3282 8555

DIRECT DEBIT REQUEST

NEW CUSTOMER FORM

YOUR DETAILS | Please complete this form using a BLACK PEN, * Indicates a MANDATORY FIELD

Business: Betterchildcare Pty Ltd ABN/ACN: 70 113 259 555 AKY GEN 28774
Customer Reference:
*Surname: *Given Name:
*Mobile #:
* Email:
*Address:
*Suburb: *State: *Postcode:

DEBIT ARRANGEMENT | Including payment details and associated fees/charges detailed below and/or the total amount billed for the specified period for this and any other subsequent agreements or amendments between me/us and the Business and/or Ezidebit

I/we authorise and request Ezidebit Pty Ltd ACN 096 902 813 (User ID 165969) ("Ezidebit") to debit payments from my/our account, as specified below, at intervals and amounts as directed by Betterchildcare Pty Ltd ("The Business") as per the Terms and Conditions of my agreement with the Business and in accordance with this Direct Debit Request and the Ezidebit DDR Service Agreement (Ver 1.2).

Start Date : DD / MM / YY Weekly Debit Amount = Balance Due
Fortnightly Max Debit Amt: \$ _____ . _____

Table with 4 columns: Administration Fee, Bank Account Transaction Fee, Credit Card Transaction Fee, and VISA/MasterCard/AMEX/Diners fees.

CHOOSE YOUR PAYMENT METHOD

Debit from Credit Card
[VISA] [MasterCard]
Card Number: Expiry Date: MM / YY
Name of Cardholder:

By signing this form, I/we authorise Ezidebit, acting on behalf of the Business, to debit payments from my specified Credit Card above, and I/we acknowledge that Ezidebit will appear as the merchant on my credit card statement. Furthermore, I/we agree to reimburse and indemnify Ezidebit for any successful claims made by the Card Holder through their financial institution against Ezidebit.

Debit from Bank, Building Society or Credit Union Account
Financial Institution: Branch:
BSB Number: Account Number:
Account Holder Name:

I/We authorise Ezidebit Pty Ltd ACN 096 902 813 (User ID No 165969) to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing System (BECS) in accordance with the Debit Arrangement stated above and this Direct Debit Request and as per the Ezidebit DDR Service Agreement (Ver 1.2) provided.

This Authorisation is to remain in force in accordance with the terms and conditions on this Direct Debit Request, the provided Ezidebit DDR Service Agreement (Ver 1.2) and I/we have read and understand same.

Signature(s) of Nominated Account: Date: DD / MM / YY



ACN 096 902 813 | AFSL 315388

DDR SERVICE AGREEMENT (Ver 1.2)

DDR Service Agreement (Ver 1.2)

I/We hereby authorise Ezidebit Pty Ltd ACN 096 902 813 (Direct Debit User ID number 165969) (herein referred to as "Ezidebit") to make periodic debits on behalf of the "Business" as indicated on the attached Direct Debit Request (herein referred to as "the Business").

I/We acknowledge that Ezidebit is acting as a Direct Debit Agent for the Business and that Ezidebit does not provide any goods or services (other than the direct debit collection services to me/us for the Business pursuant to the Direct Debit Request and this DDR Service Agreement) and has no express or implied liability in regards to the goods and services provided by the Business or the terms and conditions of any agreement that I/we have with the Business.

I/We acknowledge that the debit amount will be debited from my/our account according to the terms and conditions of my/our agreement with the Business and the terms and conditions of the Direct Debit Request (and specifically the Debit Arrangement and the Fees/Charges detailed in the Direct Debit Request) and this DDR Service Agreement.

I/We acknowledge that bank account and/or credit card details have been verified against a recent bank statement to ensure accuracy of the details provided and I/we will contact my/our financial institution if I/we are uncertain of the accuracy of these details.

I/We acknowledge that it is my/our responsibility to ensure that there are sufficient cleared funds in the nominated account by the due date to enable the direct debit to be honoured on the debit date. Direct debits normally occur overnight, however transactions can take up to three (3) business days depending on the financial institution. Accordingly, I/we acknowledge and agree that sufficient funds will remain in the nominated account until the direct debit amount has been debited from the account and that if there are insufficient funds available, I/we agree that Ezidebit will not be held responsible for any fees and charges that may be charged by either my/our or its financial institution.

I/We acknowledge that there may be a delay in processing the debit if:-

- (1) there is a public or bank holiday on the day of the debit, or any day after the debit date;
 - (2) a payment request is received by Ezidebit on a day that is not a banking business day in Queensland;
 - (3) a payment request is received after normal Ezidebit cut off times, being 4:00pm Queensland time, Monday to Friday.
- Any payments that fall due on any of the above will be processed on the next business day.

I/We authorise Ezidebit to vary the amount of the payments from time to time as may be agreed by me/us and the Business as provided for within my/our agreement with the Business. I/We authorise Ezidebit to vary the amount of the payments upon receiving instructions from the Business of the agreed variations. I/We do not require Ezidebit to notify me/us of such variations to the debit amount.

I/We acknowledge that Ezidebit is to provide at least 14 days' notice if it proposes to vary any of the terms and conditions of the Direct Debit Request or this DDR Service Agreement including varying any of the terms of the debit arrangements between us.

I/We acknowledge that I/we will contact the Business if I/we wish to alter or defer any of the debit arrangements.

I/We acknowledge that any request by me/us to stop or cancel the debit arrangements will be directed to the Business.

I/We acknowledge that any disputed debit payments will be directed to the Business and/or Ezidebit. If no resolution is forthcoming, I/we agree to contact my/our financial institution.

I/We acknowledge that if a debit is returned by my/our financial institution as unpaid, a failed payment fee is payable by me/us to Ezidebit. I/We will also be responsible for any fees and charges applied by my financial institution for each unsuccessful debit attempt together with any collection fees, including but not limited to any solicitor fees and/or collection agent fee as may be incurred by Ezidebit.

I/We authorise Ezidebit to attempt to re-process any unsuccessful payments as advised by the Business.

I/We acknowledge that certain fees and charges (including setup, variation, SMS or processing fees) may apply to the Direct Debit Request and may be payable to Ezidebit and subject to my/our agreement with the Business agree to pay those fees and charges to Ezidebit.

Credit Card Payments

I/We acknowledge that "Ezidebit" will appear as the merchant for all payments from my/our credit card. I/We acknowledge and agree that Ezidebit will not be held liable for any disputed transactions resulting in the non supply of goods and/or services and that all disputes will be directed to the Business as Ezidebit is acting only as a Direct Debit Agent for the Business. I/We acknowledge and agree that in the event that a claim is made, Ezidebit will not be liable for the refund of any funds and agree to reimburse Ezidebit for any successful claims made by the Card Holder through their financial institution against Ezidebit.

Ezidebit will keep your information about your nominated account at the financial institution private and confidential unless this information is required to investigate a claim made relating to an alleged incorrect or wrongful debit, or as otherwise required by law. Further information relating to Ezidebit's Privacy Policy can be found at www.ezidebit.com.au

I/we acknowledge that Credit Card Fees are a minimum of the Transaction Fee or the Credit Card Fee, whichever is greater as detailed on the Direct Debit Request.

I/We authorise:

- a) Ezidebit to verify details of my/our account with my/our financial institution; and
- b) my/our financial institution to release information allowing Ezidebit to verify my/our account details

Po Box 3327
Newstead, QLD 4006
Ph: (07) 3124 5500 Fax: (07) 3124 5555