

Centrepay is a voluntary bill-paying service which is free for Centrepay Customers. You can use Centrepay to pay bills and ongoing expenses.

This form will be used to start, change or cancel deductions to pay for services provided **only** by Drug and Alcohol Services Australia Ltd (DASA).

IMPORTANT INFORMATION

Your personal information including this form is protected by law, including the Privacy Act 1988, and is collected and stored by Drug and Alcohol Services Australia Ltd (DASA) for the administration of deduction payments. This information is required to process your application or claim.

Your information will be stored in accordance with DASA Privacy Policies. If you wish to see the Policy, please ask Reception.

Part A – Your details

Family Name

Given Name

Your date of birth

 / /

Phone Number

Your Centrelink Reference Number

Part B – Type of request

This form is to START
 CHANGE OR
 CANCEL

a deduction with DASA

Part C – Business details

Business Name: Drug and Alcohol Services Australia LTD (DASA)

Business Address: PO Box 3009
 Alice Springs, NT 0870

Business phone (08) 8952 8412

Business CRN: 555 065 259 A

Reason for deduction:

Part D – To START a new deduction

From which payment do you want the deduction to be taken?

What amount do you want deducted?

Each Fortnight

\$

Which payment date do you want the deduction to start from

Your next available payment date

Or

A future payment date

 / /

Do you want to specify a target amount or end date?

Yes, stop at the target amount

\$

Yes, stop on a specified date

 / /

Part E – To CHANGE a deduction

To change the deduction PERMANENTLY each fortnight

Start date for the change New deduction

To CHANGE the deduction TEMPORARILY each fortnight

Start date for the change New deduction

OR

CHANGE the target amount for deductions

New target amount

OR

Change the deduction amount

Part F – To CANCEL a deduction

Please cancel deduction for

Deduction from which payment

Date to cancel deduction

Part G – Authorisation

- | | Initial |
|--|--------------------------|
| <ul style="list-style-type: none"> I authorize Drug and Alcohol Services Ltd (DASA) to make the deduction and pay the amount to the Business as I have directed. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> I give permission for DASA to start, change, cancel or suspend my deduction to DASA until the target amount is met. | <input type="checkbox"/> |
| I understand that: | |
| <ul style="list-style-type: none"> It is my choice to have this amount deducted from my Centrepay payments. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> If I stop using DASA, but do not stop my Centrepay deduction, DASA may instruct the Department of Human Services to stop the deduction. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> If I change Businesses, I may also need to advise the Department of Human Services to stop my deduction. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> If I have a current Centrepay deduction and I lodge a new claim then the existing deduction will not carry over to the new claim. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> If my deduction has a target amount and the final deduction is less than \$2, my second last deductions will be increase by \$2 to cover the final amount. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> If my deduction is for rent, any updates I make to my Centrepay deduction for rent will not automatically update my rent assistance and I will need to contact the Department of Human Services and update this separately | <input type="checkbox"/> |

Your signature



Date: ___ / ___ / ___