

Centrepay Direct Debit Request

Kurri Kurri Community Services 251 Lang Street KURRI KURRI NSW 2327 Tel: 4937 4555

Email: directdebit@kkcc.com.au

Request and Authority to debit the Centrelink account named below to pay account repayments to Kurri Kurri Community Services Ltd ('KKCS')

Request and Authority to debit Request and Authority to debit Repayment Instalment Details Acknowledgment By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and KKCS as set out in this Request and in your Direct Debit Service Agreement. Second account signatory Name of Co-Signatory Potents and Authority to Phone Number Potents and authorise KKCS to arrange, through Centrepay, a debit from your Centrelink welfare payments for regular re payments for services provided. Title debit will be subject to the terms and conditions of the Centrepay Direct Debit Newstart Allowance / Parental Leave Pay Fortnight Repayment Amount Payment start Date Your Centrelink Reference Number Please note the minimum amount for deductions is \$10.00 By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and KKCS as set out in this Request and in your Direct Debit Service Agreement. Signature Address Date Signed Name of Co-Signatory Name of Co-Signatory		Your Surname	
Date of Birth	_	Your Given names	
Request and Authority to debit Phone Number			
welfare payments for regular re payments for services provided. This debit will be subject to the terms and conditions of the Centrepay Direct Debit Service Agreement (DDSA). Type of Payment for Deduction- Age Pension / Newstart Allowance / Parental Leave Pay Fortnight Repayment Amount Payment start Date Your Centrelink Reference Number Please note the minimum amount for deductions is \$10.00 Acknowledgment By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and KKCS as set out in this Request and in your Direct Debit Service Agreement. Signature Address Date Signed Name of Co-Signatory			
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Fortnight Repayment Amount		•	
Repayment Instalment Details		Type of Payment for Deduction- Age Pension / Newstart Allowance / Parental Leave Pay	
Payment start Date		Fortnight Repayment Amount	
Your Centrelink Reference Number		Payment start Date	
Acknowledgment By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and KKCS as set out in this Request and in your Direct Debit Service Agreement. Signature Address Date Signed Name of Co-Signatory		Your Centrelink Reference Number	
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Insert your signature and address Date Signed Name of Co-Signatory	Acknowledgment	Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and KKCS as set out in this Request and in your Direct Debit	
Address Date Signed Name of Co-Signatory		Signature	
Date Signed Second account signatory Name of Co-Signatory			
Second account signatory	and address		
	Second account signatory (only complete this section if two signatories are required to operate on the account nominated above)	Name of Co-Signatory	
Nonatire		Signature	
required to operate on the Address		Address	
account nominated above) Date Signed		Date Signed	
Business UnitJob Number	Office Use Only	Business Unit Job Number	
Office Use Only Notification Date: Exo Account Number:		Notification Date: Exo Account Number:	

Form-Centrepay Direct Debit Form	Authorised by: CFO	
Effective Date: September 2017	Revision Date: September 2018	1