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**Centrepay Deduction Authority**

**Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**CRN:** \_\_\_\_\_

**Payment Type:** \_\_\_\_\_

**Instalment Amount:** \_\_\_\_\_

**Total amount:** \_\_\_\_\_

I, the abovenamed, authorise the Department of Human Services to make a Deduction of the instalment amount each fortnight from my payment listed above and pay this amount to NJ Ireland Barrister & Solicitor 555-124-261-J for legal fees, commencing immediately.

I request that this deduction of continue until the target amount is reached.

★ **Note** if a Deduction has a target amount and the final Deduction is set to pay less than \$2, the second last Deduction will be increased by up to \$2 to cover the final amount.

I give permission for NJ Ireland Barrister & Solicitor to disclose my information to the Department of Human Services for the purposes of checking my account number, billing number and amount I want to pay, and reconciling my payment Deduction details.

I also give permission for NJ Ireland Barrister & Solicitor to give the Department of 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 [humanservices.gov.au/centrepay](http://humanservices.gov.au/centrepay)

Customer Signature: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date: \_\_\_\_\_