



Howayek Providence Limited trading as
MARONITE COLLEGE OF THE HOLY FAMILY

23-25 Alice Street Harris Park NSW 2150; Tel (02) 9633 6600 Fax (02) 9689 1662
Email: admin@mchf.nsw.edu.au Web: www.mchf.nsw.edu.au
ABN: 89 623 472 177

I _____ Customer's CRN: _____
authorise the Department of Human Services to make a Deduction of \$ _____ each fortnight from
my _____ (Centrelink payment) and pay this amount to Maronite College of the Holy Family
(CRN-555 129 232A) for education fees commencing from Date: _____

Option 1 - Setting up a target amount

I request that this deduction of \$ _____ continue until the target amount of \$ _____
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.

OR

Option 2 – Setting up an end date

I request that this deduction of \$ _____ continue until \$ _____ is reached.

Option 3 – selecting neither option 1 nor option 2

I confirm that this deduction has no target amount and no end date.

I give permission for the Maronite College of the Holy Family 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 the Maronite College of the Holy Family 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

Customer Signature:

Date of Birth: _____

Date: _____