

I	CRN:	
authorise Services Australia to make a deduct	ion of \$	each fortnight
from my (Type of pension)	ar	nd pay this amount to Lithgow
City Council CRN 555-052-101H for Rates a	and/or water	•
I confirm that this deduction has no target an	nount and no	o end date.
I give permission for Lithgow City Council to		
for the purposes of checking my account num		
pay, and reconciling my payment deduction of City Council to give Services Australia my com		
City Council to give services Australia my com	ect account	and billing number if required.
I understand that:		
I can change or cancel my deduction at any t	ime, and fur	ther information about
Centrepay can be found at		
https://www.servicesaustralia.gov.au/individua	als/services/	centrelink/centrepay
Please complete the following section:		
Customer Name:		
Property Address:		
Property Number:	Date of F	lirth:
Property Number.	_ Date of L	ontin.
Commencement date for payments:		
Signature:	Date:	

PRIVACY & PERSONAL INFORMATION PROTECTION NOTICE

By completion of this form you may be providing Council with personal information. Council will collect the information only for a lawful purpose directly related to the function of Council. Information provided to Council may be used in conjunction with any of Council's business operations. We will take reasonable care not to disclose personal information. Exempt documents may come under the Government Information (Public Access) Act 2009.