



# EASY PAY AUTHORITY FOR SUSPENDING HOUSING PAYMENTS

Please complete this form if you want the Department of Housing to suspend your automatic payment deductions.

If you are **not** terminating your tenancy with the Department of Housing you will need to continue making payments at the Australian Post Office, using your rental payment card. If you do not have a payment card, contact your nearest Department of Housing office.

## About You

Surname (Family name)

Given names

Date of birth

Your Bank Account Number

Your Bank Reference Number

Your rental address

No. & Street

Suburb/Town

State

QLD

Postcode

Your telephone number

Home

Work

From what date do you want the deductions to temporarily cease?

/ /

You may need to allow up to 4 days for your suspension to be processed.

How many fortnights do you require the payment to cease

Rental Agreement Number

Your Signature: \_\_\_\_\_

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

### Personal Information Privacy Notice

The Department of Housing is collecting personal information on this form to provide you with housing assistance or assess grant funding applications. This is authorised by the Housing Act 2003. To assist you with your housing needs and services, relevant information may, in very limited and specific circumstances, be disclosed to: Partner agencies, Service providers, Agencies authorised by legislative provisions, and local governments and non-governmental agencies that now, or will, provide you with housing and/or support services. Limited personal information may be used for housing related research, policy or planning functions. Unless authorised or required by law, your personal information will not be passed on to any other third party without your consent.

More information about the department's privacy policy is available on our website at [www.housing.qld.gov.au/footer/privacy.htm](http://www.housing.qld.gov.au/footer/privacy.htm). This website contains a list of agencies to which information may be disclosed.

### Queensland Department of Housing Office Use Only

Date form received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Processing Officer's Name: \_\_\_\_\_

Date entered into SAP: \_\_\_\_/\_\_\_\_/\_\_\_\_