

Willetton Parish



Direct Debit Request

NEW/AMENDED DIRECT DEBIT
(please circle whether "New or Amended")



Request and Authority to debit the account named below to pay
The Roman Catholic Archbishop of Perth
CATHOLIC DEVELOPMENT FUND (CDF)

Request and Authority to debit

Surname (or company name)

Given names (or ACN/ARBN)

("you")

Request and authorise *CDF – User ID No.72796* to arrange for any amount *CDF* may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement.

Insert the name and address of financial Institution at which account is held

Financial institution name:

Address : _____

Frequency of Debits

Maximum amount (\$ _____). The first debit may be made on ___/___/___ and at weekly/fortnightly/monthly/quarterly/half-yearly/yearly intervals thereafter, with the Final Payment Date (optional) ___/___/___.

Acknowledgement

By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and *CDF* as set out in this Request and in your Direct Debit Request Service Agreement.

Insert your signature and address

Signature _____
(if signing for a company, sign and print full name and capacity for signing e.g. Director)

Address:

Date: ___/___/___

Insert details of account to be debited eg J & M Smith. NO credit cards or Access cards (If the number does not fit in the spaces, it is incorrect).

Name of account

BSB number

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Account number

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Envelope No:

Account Name:

CDF Account No.