

APPLECROSS PARISH



Direct Debit Request

NEW/AMENDMENT

(delete one)



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	<p>Surname (or company name) _____</p> <p>Given names (or ACN/ARBN) _____ ("you")</p> <p>Request and authorise <i>CDF - User ID No.72796</i> to arrange for any amount <i>CDF</i> 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.</p>
Insert the name and address of financial Institution at which account is held	<p>Financial institution name _____</p> <p>Address _____</p> <p>_____</p>
Frequency of Debits	<p>Maximum amount (\$) _____. The first debit may be made on ____/____/____ and at weekly / fortnightly / monthly / quarterly / half yearly / intervals thereafter, with the Final Payment Date (optional) ____/____/____.</p>
Acknowledgement	<p>By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and <i>CDF</i> as set out in this Request and in your Direct Debit Request Service Agreement.</p>
Insert your signature and address	<p>Signature _____</p> <p style="font-size: small;">(If signing for a company, sign and print full name and capacity for signing eg. director)</p> <p>Address _____</p> <p>_____</p> <p>Date ____/____/____</p>
Insert details of Account to be debited e.g. Ken & Jan Smith NO CREDIT CARD OR ACCESS CARD	<p>Name of account _____</p> <p>BSB number [] [] [] [] - [] [] [] []</p> <p>Account number [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []</p>

Name	APPLECROSS PARISH	CDF A/C No.	1005742 S3 CAT
	Parishioner Name:		
	Envelope No:		