

ST THOMAS' PRIMARY-CLAREMONT



Direct Debit Request

AMENDMENT/NEW

(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

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 / 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 eg. director)

Address _____

Date ____/____/____

Insert details of account to be debited
Eg J & M Smith
NO CREDIT CARDS OR ACCESS CARDS
(if the no. doesn't fit in the spaces, it is incorrect)

Name of account _____

(see margin - left)

BSB number [][][] - [][][]

(always 6 digits)

Account number [][][][][][][][][]

(never more than 9 digits)

ST THOMAS' PRIMARY

CDF A/C No. **5356-S4**

School/Parent Code _____