Direct Debit Request

NEW APPLICATION

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)**

Name of Organisation Client Code
(allocated by the Organision Accounting System)

CDF A/C No.