

ATTADALE PARISH



Direct Debit Payment Request

NEW/AMENDED DIRECT DEBIT
Please Circle
(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 bank account

Surname (or Company Name) _____

Given Names (or ACN/ARBN) _____

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 details for Direct Debit

e.g. J & M Smith.

NO credit cards or Access cards

Bank _____

Name(s) on Account _____

BSB Number |_|_|_|_|_|_|_|_|_|_|

Account Number |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Debit Frequency

Date of First Debit ____ / ____ / ____

Amount \$ _____

Weekly

Fortnightly

Monthly

Quarterly

½ Yearly

Optional

Date of Last Debit ____ / ____ / ____ OR Until further notice

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 & Address

Signature: _____

Address: _____

Date: ____ / ____ / ____

Account Name: ATTADALE PARISH

CDF Account No.: 1005580S3