

# HOLY ROSARY PARISH, NEDLANDS



## 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.
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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  _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
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Debit Frequency	Date of First Debit ____ / ____ / ____  Amount \$ _____  <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> ½ Yearly
<i>Optional</i> 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.
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Insert your Signature & Address	Signature: _____ Address: _____ _____ Date: ____ / ____ / ____
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Account Name: <u>Holy Rosary Church Nedlands</u>	CDF Account No.: <u>1000824S3</u>
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