

ST CECILIA'S CATHOLIC PRIMARY SCHOOL



Direct Debit Request

NEW



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 CECILIA'S CATHOLIC PRIMARY SCHOOL

CDF A/C No. 9273 S74 ST

School/Parent Code