

DIRECT DEBIT REQUEST

Request and Authority to debit the account named below to pay the
Catholic Development Fund
(To be sent to CDF)

| | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| CDF Account No. S | | | | | | | | | | | | | | | | | |
| Request and Authority to debit | Surname or Company name _____ Given names _____ or ACN/ARBN _____ ("you") request and authorise the Catholic Development Fund (User ID 111860) to arrange for any amount the Catholic Development Fund 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 [and any further instructions provided below]. | | | | | | | | | | | | | | | | |
| Insert name and address of financial institution at which account is held | Financial Institution Name: _____ Address: _____ | | | | | | | | | | | | | | | | |
| Insert details of account to be debited | Name of Account: _____ BSB No.: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Account No.: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | | | | | | | |
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| Acknowledgment | By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and the Catholic Development Fund as set out in this Request and in your Direct Debit Request Service Agreement. | | | | | | | | | | | | | | | | |
| Insert your signature/s and address | Signature _____ Print Name _____ Signature _____ Print Name _____ <i>(For joint accounts, both names are required. If signing for a company include your capacity for signing, eg. Director.)</i> Address _____ Date ____/____/____ | | | | | | | | | | | | | | | | |
| To avoid unwanted bank fees please ensure that there are sufficient funds available in your account on the due date. DISHONOUR FEES MAY BE CHARGED BY YOUR BANK. | | | | | | | | | | | | | | | | | |
| DIRECT CREDIT REQUEST | | | | | | | | | | | | | | | | | |
| CDF will utilise the bank account details provided above if you require transfer of funds to your bank account. | | | | | | | | | | | | | | | | | |
| Signature _____ | | | | | | | | | | | | | | | | | |
| Signature _____ | | | | | | | | | | | | | | | | | |
| Date ____/____/____ | | | | | | | | | | | | | | | | | |

AUTOSAVE THROUGH YOUR FINANCIAL INSTITUTION (Authorisation Form) (To be sent to CDF)

Date ____/____/____

I/WE authorise the Catholic Development Fund to arrange for debiting the account as described in the Direct Debit Request form with the sum of \$_____ (minimum amount \$20.00)
 weekly fortnightly monthly (please required option)
 commencing on _____ until _____
 (final payment date or until further notice).

This amount is to be credited to:

| |
|------------------------------|
| CDF Account No. S |
|------------------------------|

CDF Account Name

| |
|--|
| |
|--|

Financial Institution Account Number to be debited

| |
|--|
| |
|--|

Signature _____

Signature _____

(For joint accounts, two signatures are required.)