Form PD-C

DIOCESAN DEVELOPMENT FUND
Catholic Diocese of Parramatta
10 Victoria Road, PO Box 2605
North Parramatta NSW 1750. Phone 02 9683 6077

Request for Debiting Amounts to Accounts by the Direct Debit System

Date / /

Insert name and address of Financial Institution at which your account is held:

_____

_____

Insert your name in full:

I/We _____
(Surname or Company/Business Name) (Given Names or ACN/ARBN)

request you until further notice in writing, to debit my/our account described in the schedule below any amounts which Diocesan Development Fund (The User) (User ID 025351) may debit or charge me/us through the Direct Debit System.

I/We understand and acknowledge that:

1. The Financial Institution may, in its absolute discretion, determine the order of priority of payment by it of any moneys pursuant to this Request or any authority or mandate.
2. The Financial Institution may, in its absolute discretion, at any time by notice in writing to me/us, terminate this Request as to future debits.
3. The User may, by prior arrangement and advice to me/us, vary the amount or frequency of future debits.

Customer Signature(s): _____ _____
(If joint account all signatures may be required)

Customer Address: _____

_____Postcode_____

The Schedule

Insert name of account which is to be debited: _____

BSB Number: __ __ __ - __ __ __

Account Number: __ __ __ __ __ __ __ __ __

Note
Direct Debiting is not available on the full range of accounts. If in doubt, please refer to your Financial Institution.

Agreed payment of	$	per	*(week,fortnight,month)*
Will be debited to the account nominated above			
Commencing *(date)*		Expiring *(date)*	
DDF Client Details			
Client Name		Client No	
Reference to be quoted			