

DIOCESAN DEVELOPMENT FUND
 Catholic Diocese of Parramatta
 10 Victoria Road, PO Box 2605
 North Parramatta NSW 2151
 Phone 02 9683 6077 Fax 02 9683 6438

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:

 Customer Signature(s):

 Customer Address:

 Insert name of account which is to be debited:

 BSB Number:

 Account Number:

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.

 (If joint account all signatures may be required)

 Postcode _____

The Schedule

_____ - _____

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

Please transfer the amount of \$ _____
 (*write amount in words*) _____
 on _____ (*date*) from the above account and credit the following Diocesan Development Fund account:
 Client Name: _____ Client Number: _____
 Signature _____ Print Name _____ Date _____