

# DDF

Diocesan Development Fund Parramatta

**Please return this form to the DDF:**

10 Victoria Rd, Nth Parramatta  
Post Office Box 2605 Nth Parramatta NSW 1750  
Ph: 9683 6077. **FAX: 9683 6438**

## PERIODICAL PAYMENT AUTHORITY (PPA)

PPA Number (if known): #A

Tick appropriate box

ALTER

CANCEL

ONE-OFF

NEW

I/we (name) \_\_\_\_\_ on behalf of (parish/school/ministry) if applicable \_\_\_\_\_ authorise withdrawals from my/our DDF account as detailed below:

### Transfer from (DDF account name)

DDF client number

DDF Client Name

Amount \$

Commencement date

Final Payment Date

**OR** Until Further Notice

Frequency (W/M/Q/Y)

### Transfer to

DDF Client Number

DDF Client Name

Reference to be quoted

**OR**

Bank Name

Account Name

BSB Number (6 digits)

Account Number

Reference to be quoted

**OR**

Make cheque payable to

Postal address

Reference to be quoted

I acknowledge that the Diocesan Development Fund will not affect any transfer unless sufficient funds exist to do so.

### Account Holders Authority (to be signed in accordance with signing authority for account)

Signature

Signature

Print Name

Print Name

Date

Date

### Office Use Only

Processed by

Date

PP Authority No.