

Date _____

The Manager
Diocesan Development Fund
10 Victoria Road
PARRAMATTA NSW 2150

Please transfer the sum of \$ _____ as follows

From Client No. _____

Client Account Name _____

To Client No. _____

Client Account Name _____

Signature

Signature

Please fax or mail this authority to the Diocesan Development Fund

- ***Postal*** ***PO Box 2605, North Parramatta NSW 1750***
- ***Fax*** ***9683 6438***