**FAMILY KEY:**

# Prendiville Catholic College

## Direct Debit Request

## AMENDMENT/NEW

Request and Authority to debit the account named below to pay

**The Roman Catholic Archbishop of Perth**
**CATHOLIC DEVELOPMENT FUND (CDF)**

| | |
|---|---|
| **Request and Authority to debit** | **Surname** _____<br>**Given names** _____("you")<br>Request and authorise Prendiville Catholic College (*CDF – User ID No.72796) to* arrange for any amount *CDF* 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. |
| **Insert the name and address of financial Institution at which account is held** | **Financial institution name** _____<br>**Address** _____<br>_____ |
| **Frequency of Debits** | Maximum amount ($ ). The first debit may be made on ____/____/____ and at Weekly / fortnightly / monthly / quarterly / half yearly / intervals thereafter, until this year's fees are **PAID IN FULL** or **ONGOING** (Please Circle) |
| **Acknowledgement** | By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and *CDF* as set out in this Request and in your Direct Debit Request Service Agreement. |
| **Insert your signature and address** | **Signature** _____<br>(If signing for a company, sign and print full name and capacity for signing eg. director)<br>**Address** _____<br>_____<br>**Date** ____/____/____ |
| **Insert details of account to be debited**<br>Eg J & M Smith<br>**NO CREDIT CARDS OR ACCESS CARDS**<br>(if the no. doesn't fit in the Spaces, it is incorrect) | **Name of account** _____<br>**BSB number** \|___\|___\|___\| - \|___\|___\|___\|<br>**(always 6 digits)**<br>**Account number** \|___\|___\|___\|___\|___\|___\|___\|___\|___\| |

**PRENDIVILLE CATHOLIC COLLEGE – OCEAN REEF** CDF A/C No. **5617 S611**