

Prendiville Catholic College



Direct Debit Request



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 _____

Given names

_____ ("you")

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 _____

Address _____

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 _____

(If signing for a company, sign and print full name and capacity for signing eg. director)

Address _____

Date _____

____/____/____

**Insert details of
account to be debited**

Eg J & M Smith

**NO CREDIT CARDS OR
ACCESS CARDS**

(if the no. doesn't fit in the
Spaces, it is incorrect)

Name of account _____

BSB number

_____ - _____

(always 6 digits)

Account number
