

DIRECT DEBIT REQUEST



Request and Authority to debit the account named below to pay Catholic Church Endowment Society Inc		
Request and Authority to debit	Surname or company name	
	Given names or ACN/ARBN	("you")
	Society Inc may debit or charge you to be debited thro	ociety Inc Debit User ID 113325 to arrange for any amount Catholic Church Endowment bugh the Bulk Electronic Clearing System from an account held at the financial institution he Direct Debit Request Service Agreement [and any further instructions provided below].
Insert the name and address of financial institution at which account is held	Financial institution name Address	
Insert details of account to be debited		Account number
Acknowledgment	By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and Catholic Church Endowment Society Inc as set out in this Request and in your Direct Debit Request Service Agreement.	
Payment Details	☐ The first debit may be made on / and at weekly / fortnightly / monthly / quarterly / half yearly / intervals after that	
	□ Payment Amount is to be \$ instructions provided by you.	and/or as amended in accordance with written
	☐ This authority will remain in place until:/ (or) : Written request to cancel/suspend payments is provided by you.	
		(please delete one of these options)
Please Tick Insert your signature,	I have received and read a copy of the Direct Debit Service Agreement Signature	
address and	(If signing for a company, sign and print full name and capacity for signing eg. director)	
Telephone No	Address	
FOR OFFICE USE ONLY:		elephone No:
New Agreement / Amendment of Existing Authority No		
CDF Account Name Star of the Sea School CDF Account Number: 1157 S2		
Contact Person: Jane Leonard - Phone: 8115 7400 Family Code:		
Date Posted:		
FOR CDF USE ONLY:		
Date CDF Received:		Date Loaded:
		Loaded By: Authority Number: