

GOOD SHEPHERD CATHOLIC SCHOOL – LOCKRIDGE



Direct Debit Request



AMENDMENT / NEW

(please circle)

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 (or company name) _____

Given names (or ACN / ARBN) _____ (“you”)

Request and authorise *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 Fortnightly / Monthly / Quarterly / Half Yearly / intervals thereafter, with the Final Payment Date ____ / ____ / ____ **NO LATER THAN SEPTEMBER 30TH**

Acknowledgement

By signing the 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 e.g. director)

Address _____

Date ____ / ____ / _____

Insert details of account to be debited

E.g – J & M Sith
 NO CREDIT CARDS OR
 ACCESS CARDS (if the no.
 doesn't fit the spaces, it is
 incorrect)

Name of Account _____

BSB Number ____ - ____ - ____

Account Number ____ - ____ - ____ - ____ - ____ - ____

GOOD SHEPHERD OFFICE USE ONLY

Good Shepherd Catholic School – Lockridge CDF A/C No. 5635 S4.1

Parent Surname: _____ Parent Code: _____

Please return this form to the School Office