DIRECT DEBIT REQUEST



Request and Authority to debit the account named below to pay the Catholic Development Fund

Request	Surname or				
and	Company name				
Authority	Given names				
to debit	or ACN/ARBN ("you")				
	request and authorise the Catholic Development Fund (User ID 111860) to				
	arrange for any amount the Catholic Development Fund 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 [and				
	any further instructions provided below].				
Insert name	Financial				
and	Institution				
address of	Name:				
financial					
institution	Address:				
at which					
account is					
held	N. C				
Insert details of	Name of				
account to	Account:				
be debited	BSB Number:				
20 002.100					
	Account Number:				
Acknow-	By signing this Direct Debit Request you acknowledge having read and				
ledgment	understood the terms and conditions governing the debit arrangements				
	between you and the Catholic Development Fund as set out in this				
	Request and in your Direct Debit Request Service Agreement.				
Insert your					
signature(s)					
and address	Sign here:				
	(Print Name):				
	Sign here:				
	oiginicic				
	(Print Name):				
	(Sign and print full names. For joint accounts, both names are required.				
	If signing for a company include your capacity for signing, eg. Director.)				
	Address:				
	Date / /				
DI	RECT CREDIT REQUEST				
	KIOI OKIDII KIQOIOI				
CDF will utilis	e the bank account details provided above if you require transfer of				
	bank account.				
,					
Sign here:					
1					
Date /	1				
					