

**Click on the spaces to type and complete this form.**

**Please print and sign the form and return it by post, person or Church collection plate.**

**Please do not email it to us as your bank will not accept signatures that have been copied or emailed.**

# SFX Cathedral Parish Direct Debit

## Request Form

**Request and Authority to debit the account named below and pay  
The Roman Catholic Bishop of Geraldton  
CATHOLIC DEVELOPMENT FUND**

|                                                                                    |                                                                                                                                                                                                                                                                                                   |  |  |  |  |             |  |  |  |
|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|-------------|--|--|--|
| Request and Authority to Debit                                                     | <b>Surname</b> (or company name)                                                                                                                                                                                                                                                                  |  |  |  |  |             |  |  |  |
|                                                                                    | <b>Given Names</b> ("you")                                                                                                                                                                                                                                                                        |  |  |  |  |             |  |  |  |
|                                                                                    | Request and authorize CDF 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 below subject to the terms and conditions of the Direct Debit Request Service Agreement. |  |  |  |  |             |  |  |  |
| Insert the name and address of your financial Institution at which account is held | <b>Financial Institution Name</b>                                                                                                                                                                                                                                                                 |  |  |  |  |             |  |  |  |
|                                                                                    | <b>Address</b>                                                                                                                                                                                                                                                                                    |  |  |  |  |             |  |  |  |
|                                                                                    |                                                                                                                                                                                                                                                                                                   |  |  |  |  |             |  |  |  |
| Frequency of Debits                                                                | Maximum amount \$ _____ . The first debit may be made on ___/___/___ and paid <b>monthly</b> ___ <b>or Annually</b> ___ thereafter - with the Final Payment Date (optional) ___/___/___                                                                                                           |  |  |  |  |             |  |  |  |
| 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.                                                      |  |  |  |  |             |  |  |  |
|                                                                                    | <b>Signature</b>                                                                                                                                                                                                                                                                                  |  |  |  |  | <b>Date</b> |  |  |  |
|                                                                                    | If signing for a company, sign and print full name and capacity for signing e.g. Director                                                                                                                                                                                                         |  |  |  |  |             |  |  |  |
| Your Address                                                                       | <b>Address</b>                                                                                                                                                                                                                                                                                    |  |  |  |  |             |  |  |  |
| Insert details of account to be debited<br><br><b>THIS CANNOT BE A CREDIT CARD</b> | <b>Name of Account</b>                                                                                                                                                                                                                                                                            |  |  |  |  |             |  |  |  |
|                                                                                    | <b>BSB Number</b>                                                                                                                                                                                                                                                                                 |  |  |  |  | -           |  |  |  |
|                                                                                    | <b>Account Number</b>                                                                                                                                                                                                                                                                             |  |  |  |  |             |  |  |  |
|                                                                                    |                                                                                                                                                                                                                                                                                                   |  |  |  |  |             |  |  |  |
| <b>OFFICE USE ONLY</b>                                                             | <b>Name of Parish</b> SFX Cathedral Parish Geraldton<br><br><b>CDF AccNo</b> 1 0 0 9 2 6 3 - S 7 3 . 8 - C A T                                                                                                                                                                                    |  |  |  |  |             |  |  |  |